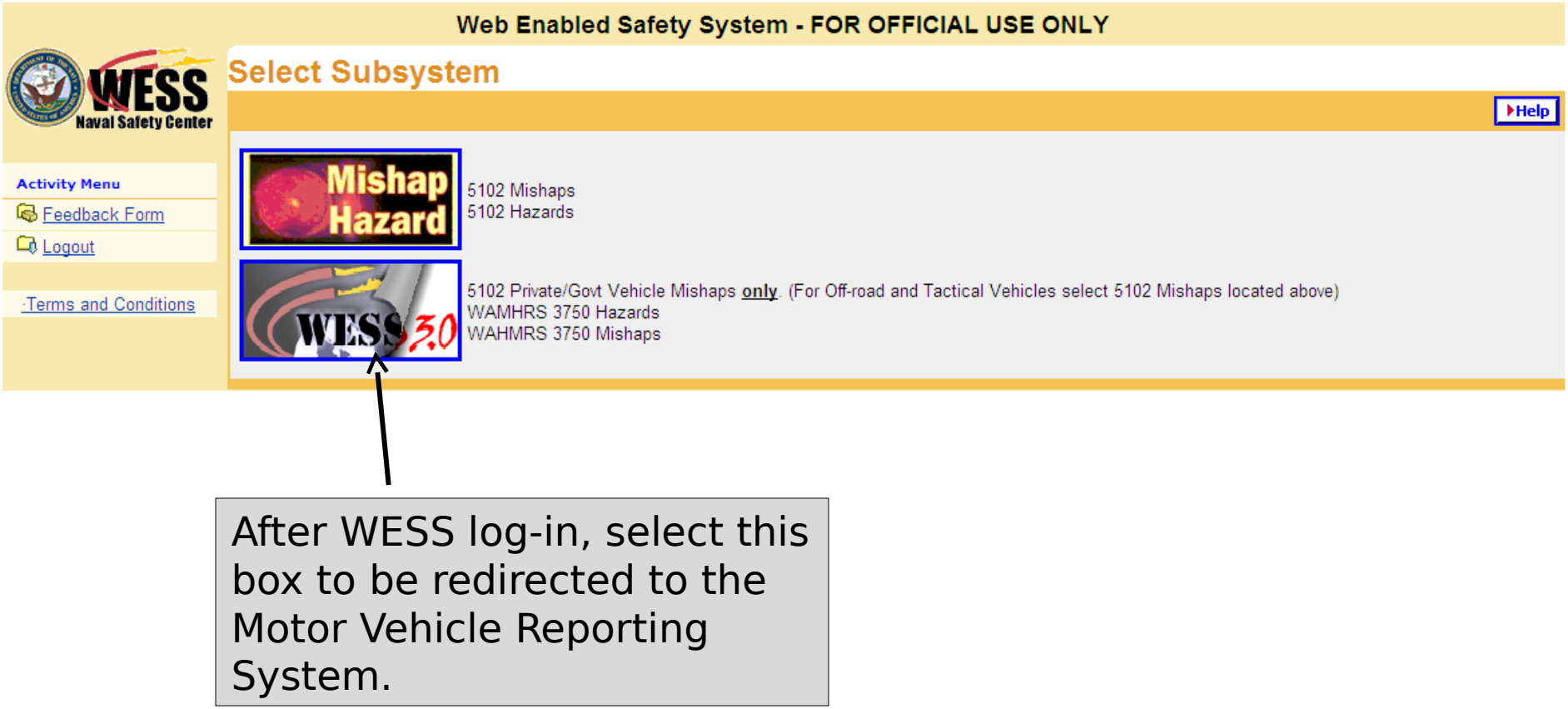
NEW MOTOR VEHICLE REPORTING SYSTEM (MVRS) TRAINING PRESENTATION

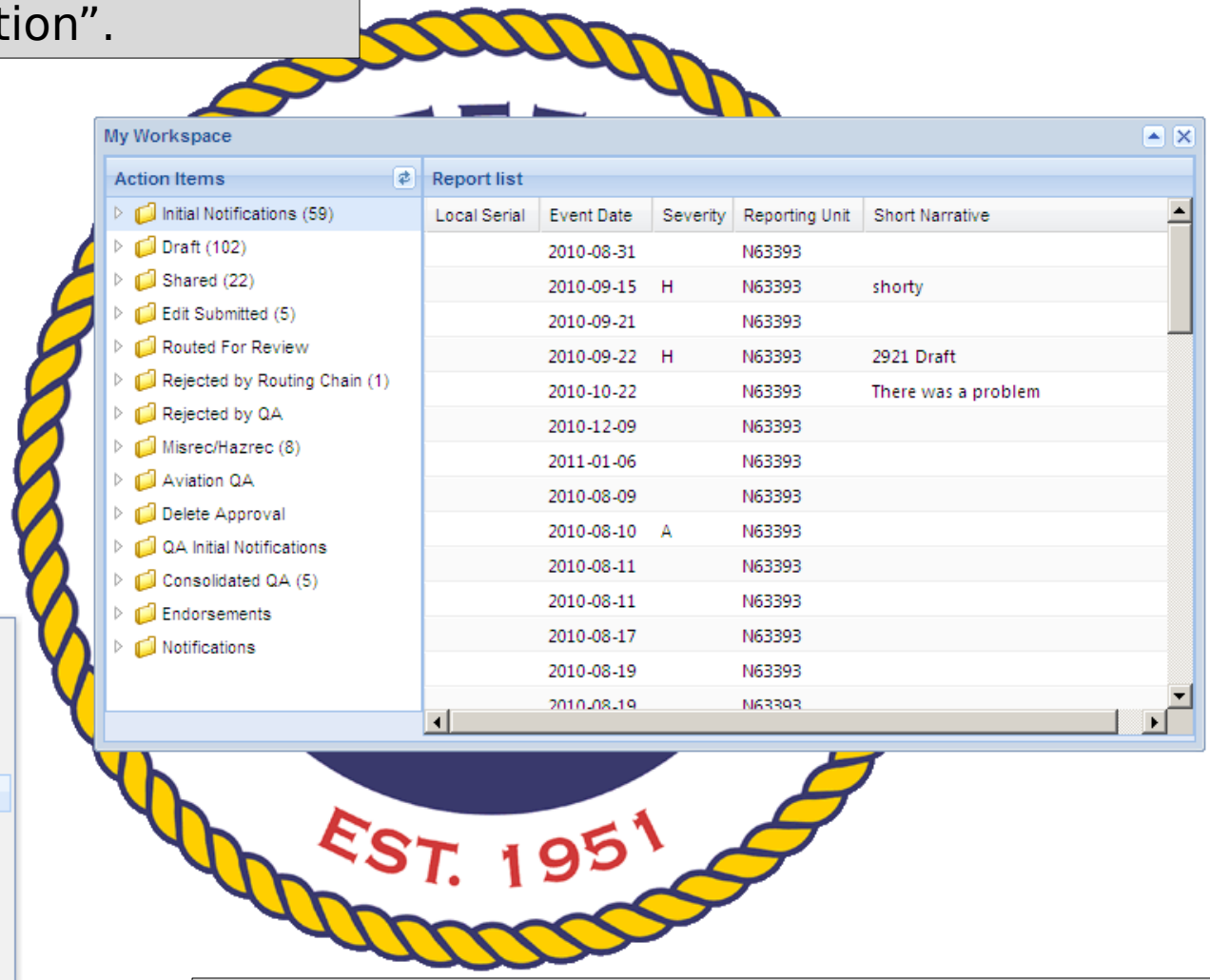
MVRS Highlights

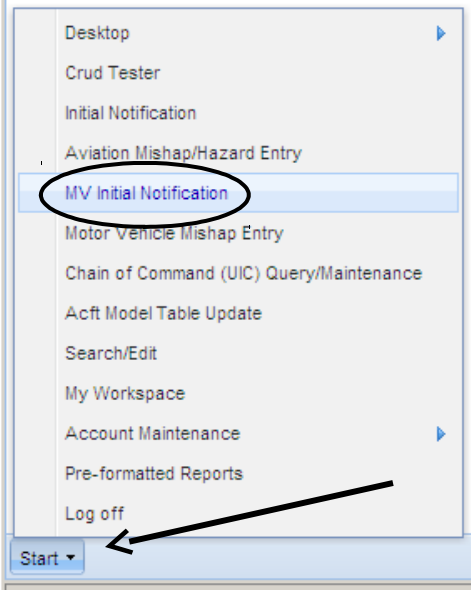
- Improved screen flow
- Enhanced Causal factors. Incorporates Human Factors Analysis and Classification System (HFACS)
- New module not used for entering:
  - Off-Road Vehicle mishaps (ATV, Dirt Bikes, etc)
  - Tactical Vehicle Mishaps
- Use previous WESS version for off-road and tactical vehicles



After WESS log-in, select this box to be redirected to the Motor Vehicle Reporting System.

For a class A or B MV Initial Notification, click “Start” button and select “MV Initial Notification”.



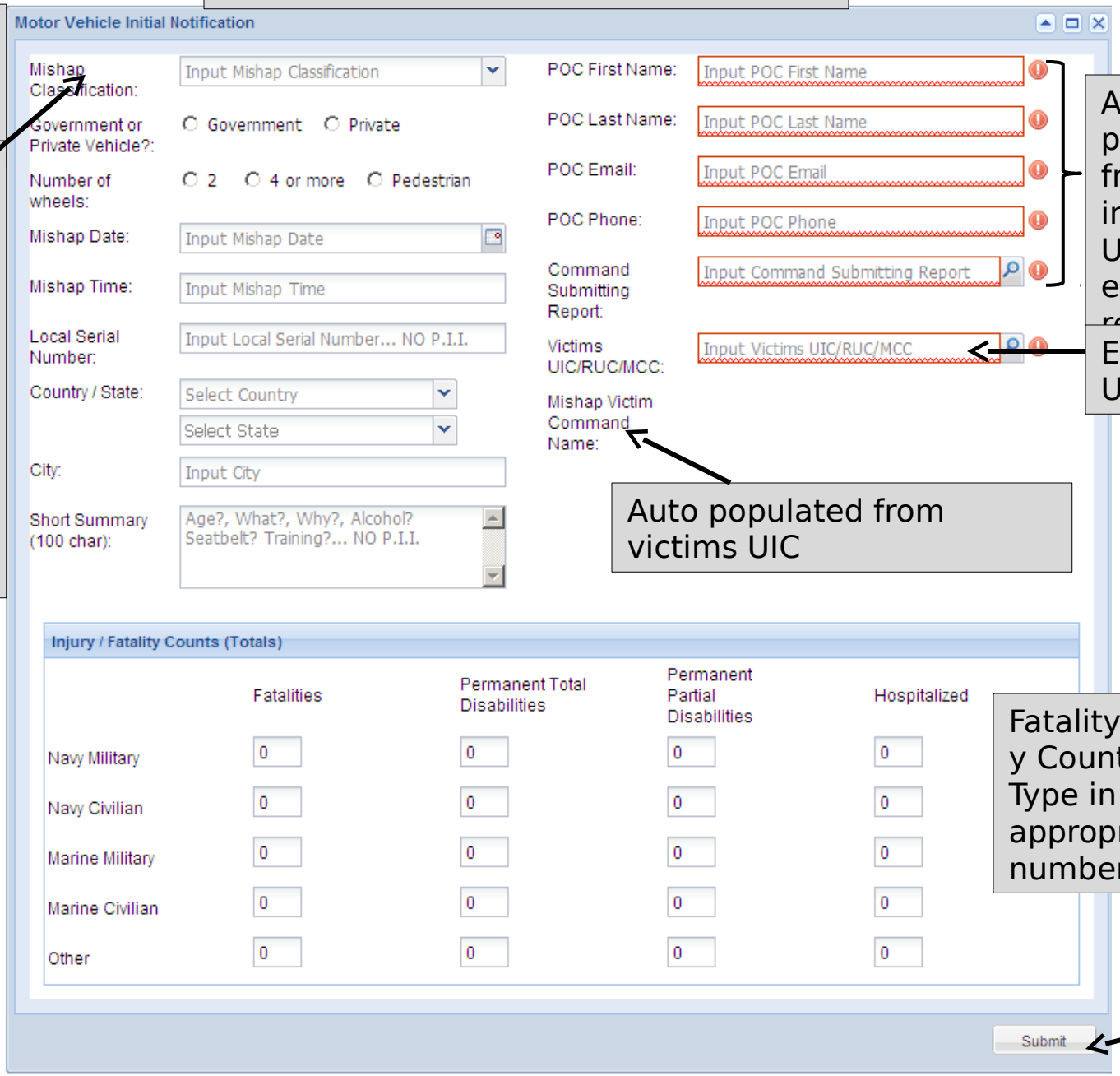


Initial Notification required only for a class A or B mishap. For events less severe than class B select Motor Vehicle Mishap Entry on the “start” menu.

Class A/B Initial Notification

All boxes are required to have an entry

Choose 1:
- Fatality
- Perm Total Disability
- Perm Partial Disability
- 3 or more hospitalizations
- >200,000 govt prop damage



Auto populated from log-in information. User may edit if required

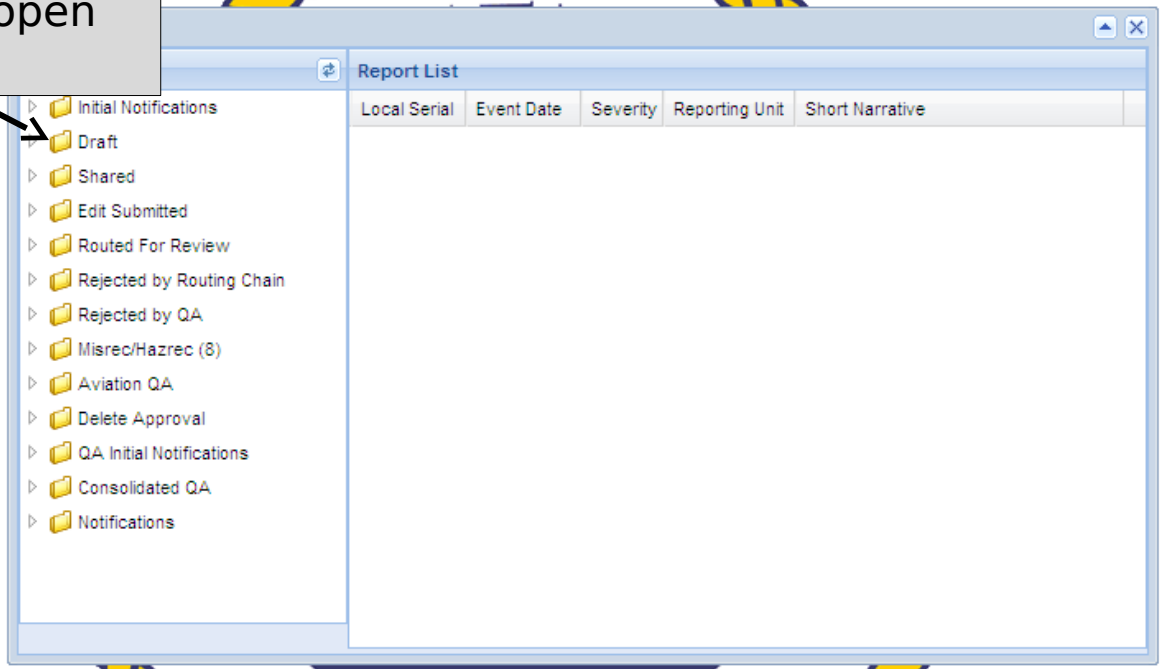
Enter victims UIC

Auto populated from victims UIC

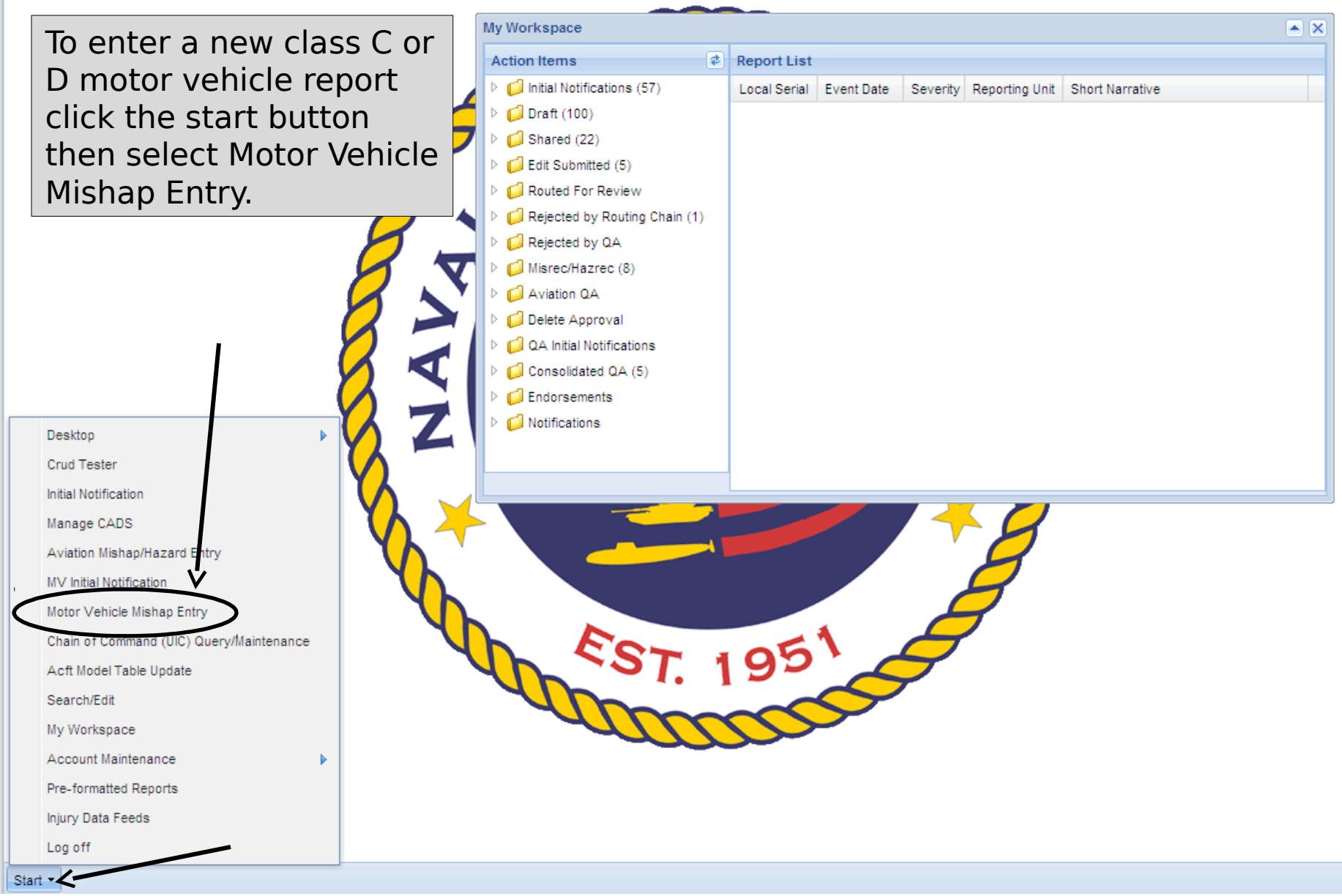
Fatality/Injury Counts – Type in appropriate numbers

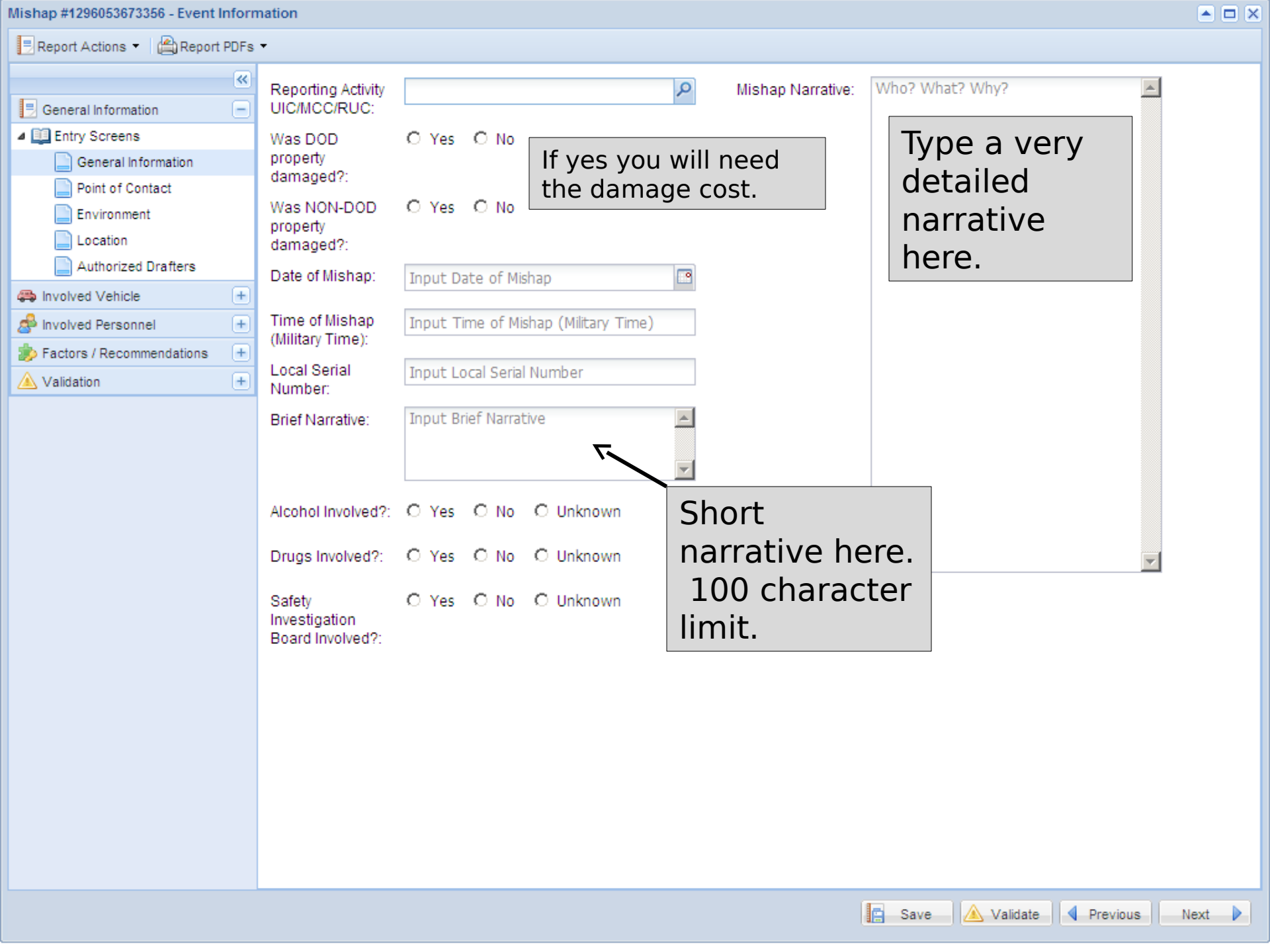
Hit submit after all data is entered

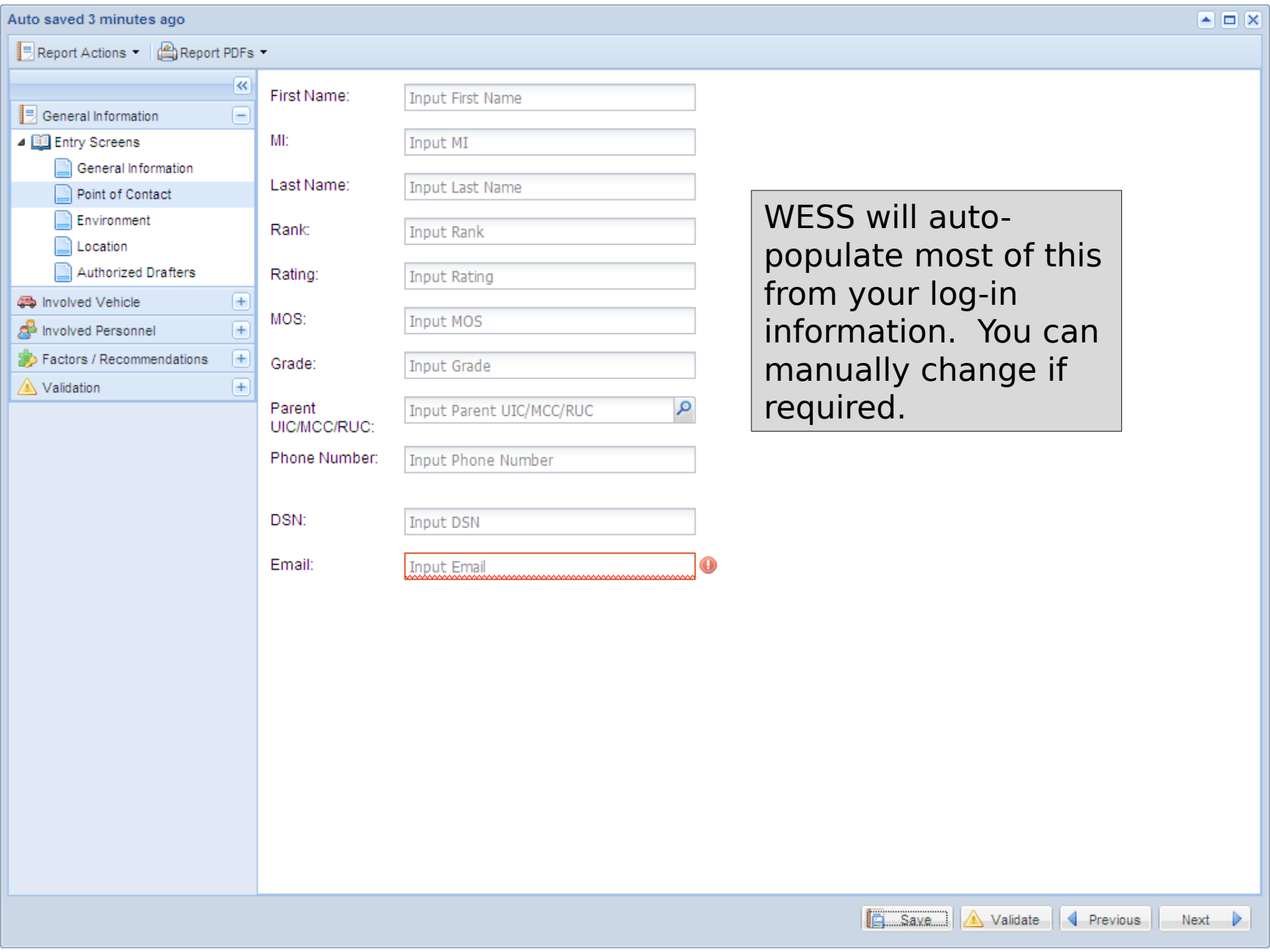
To update your class A/B initial notification and submit a final report or to modify reports that have not yet been submitted to NSC open draft folder.

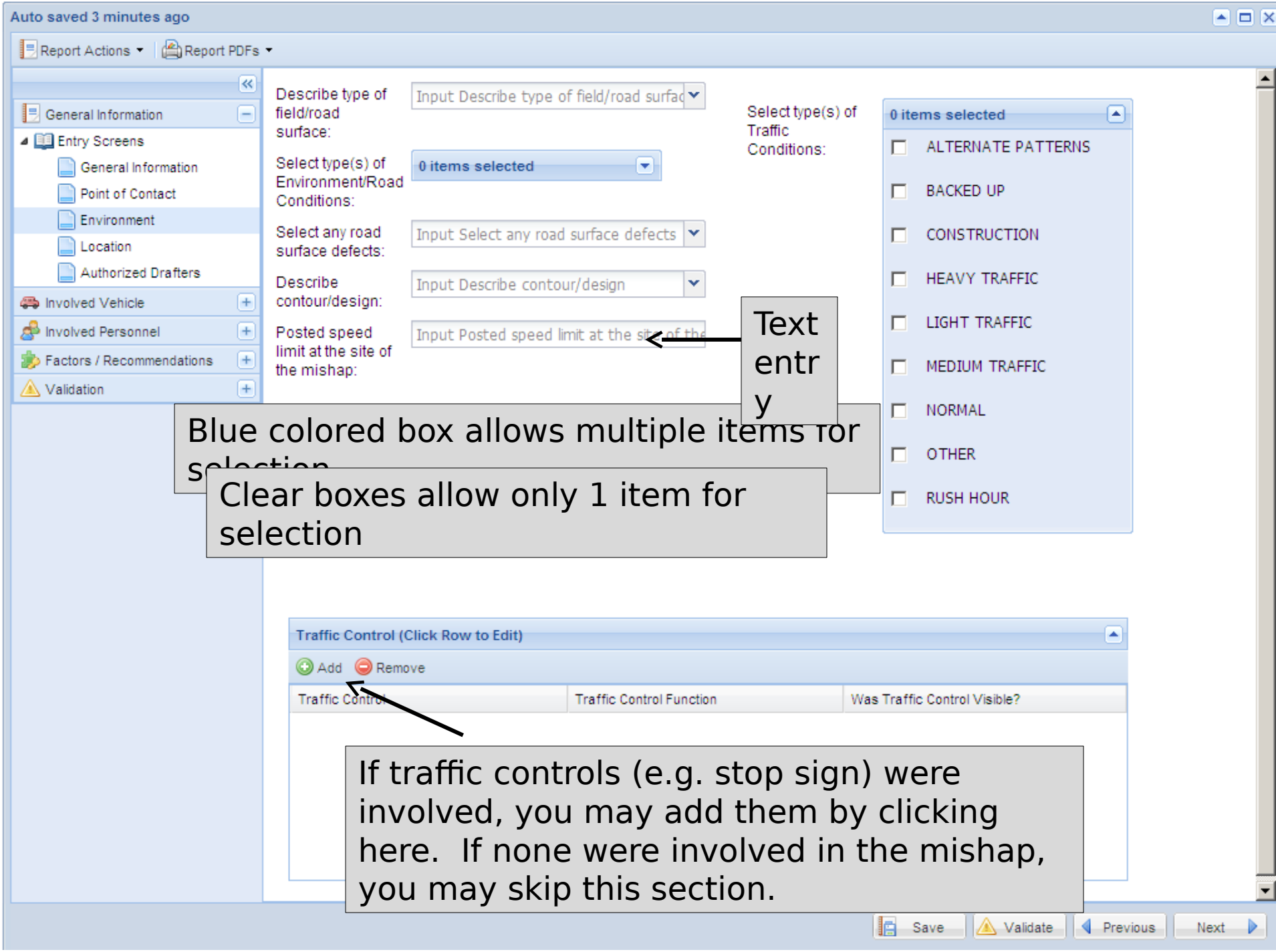


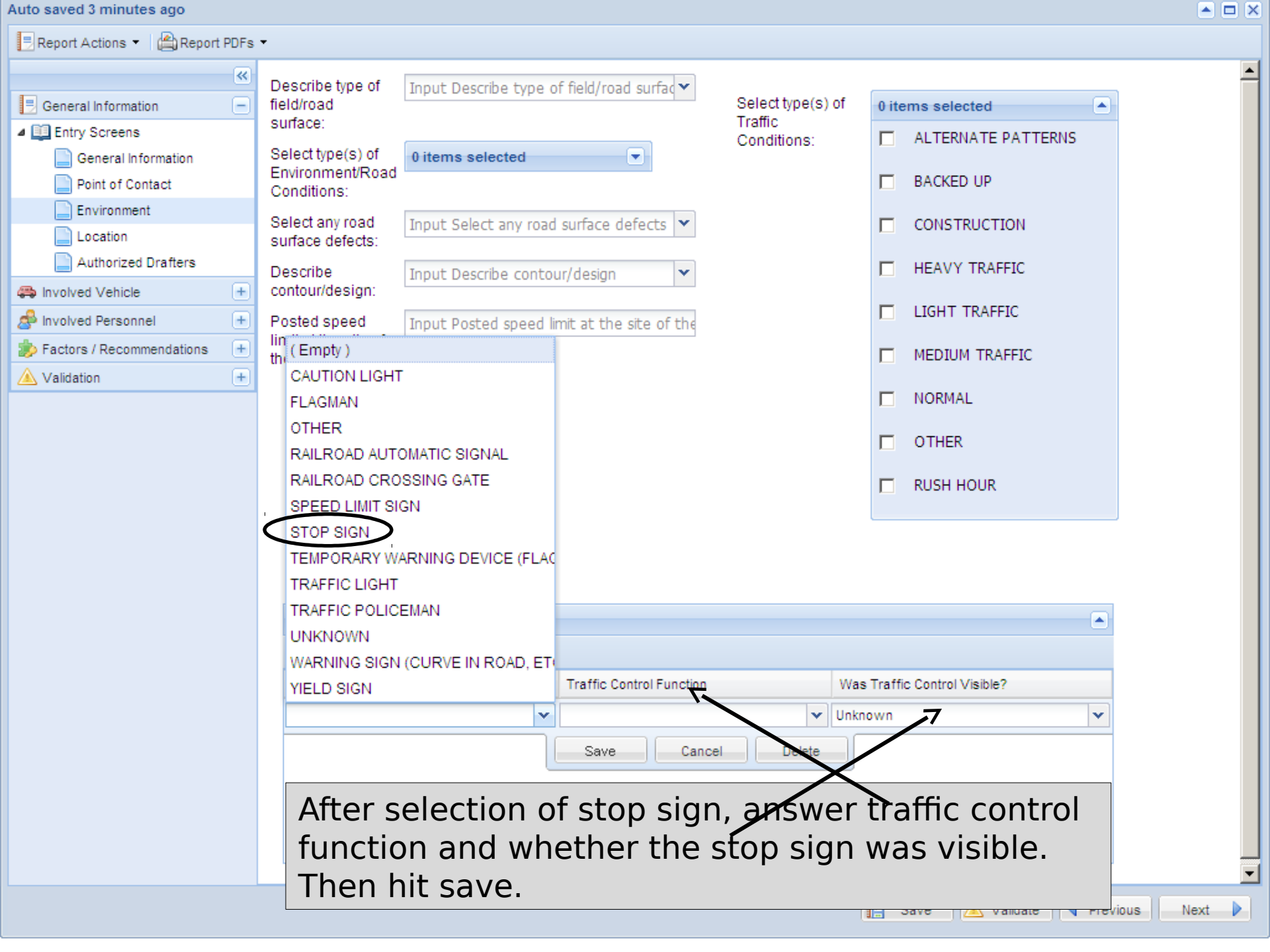
To enter a new class C or D motor vehicle report click the start button then select Motor Vehicle Mishap Entry.

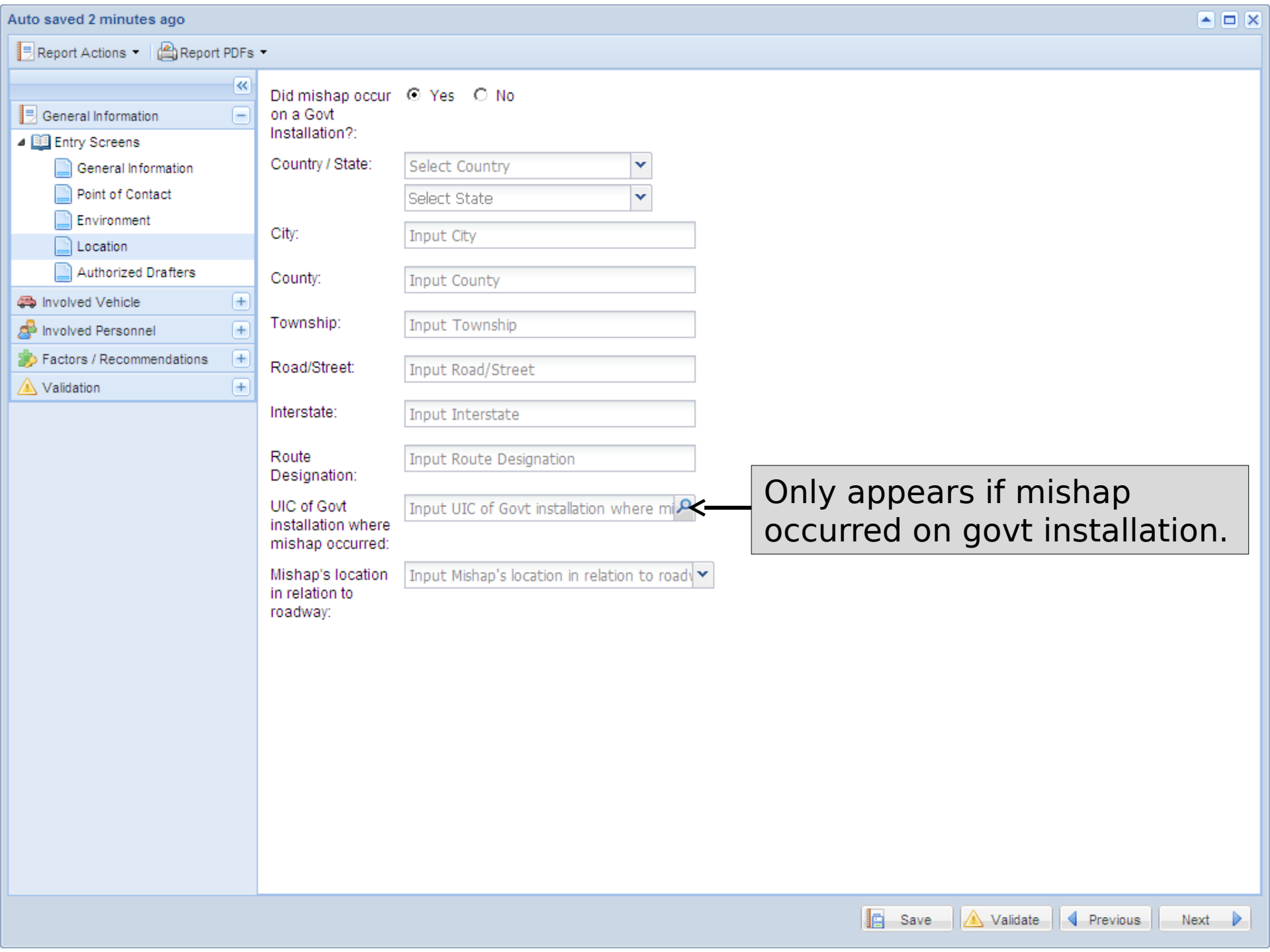


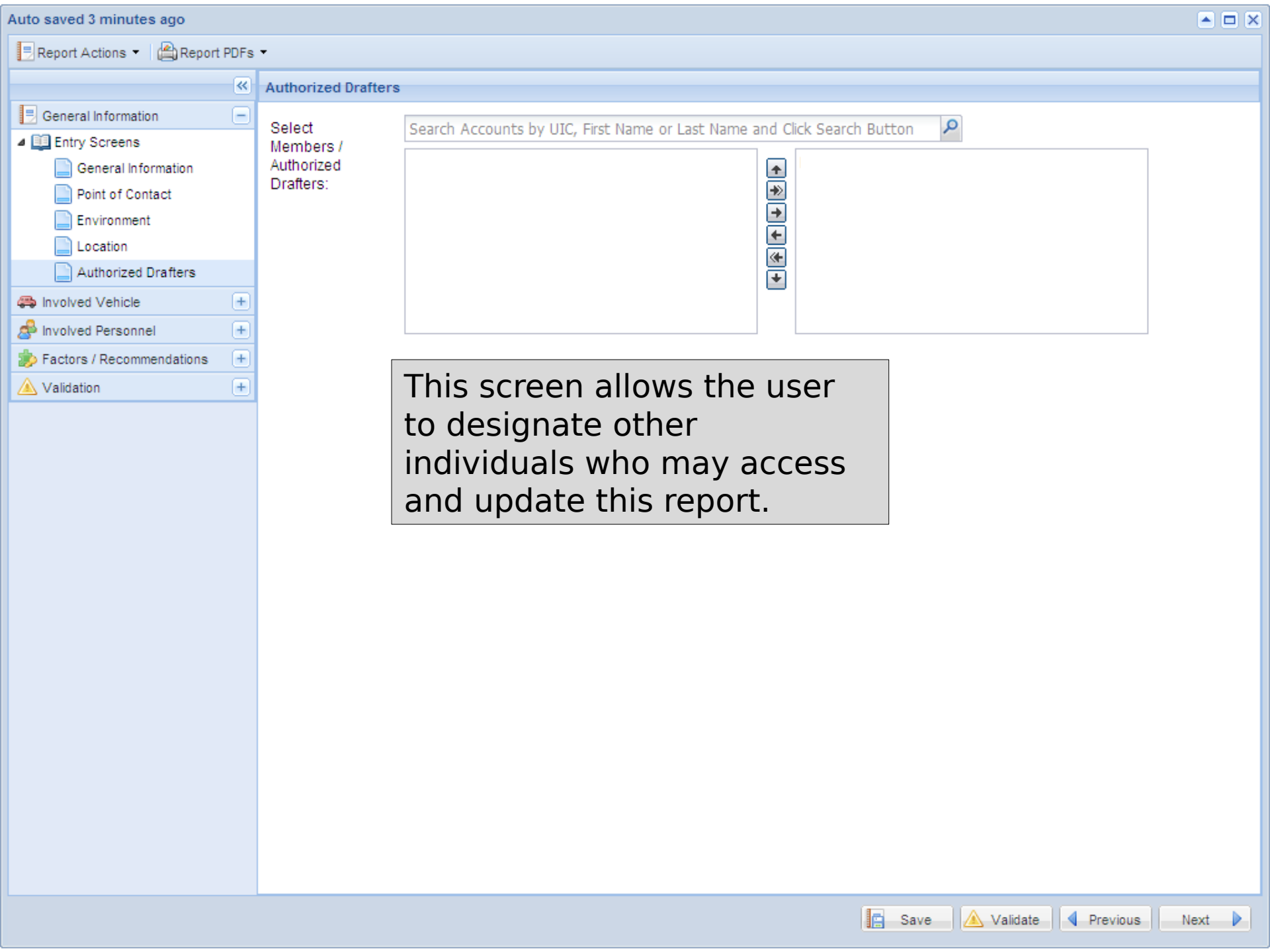

Mishap #1296053673356 - Event Information
Report Actions
Report PDFs
General Information
Entry Screens
General Information
Point of Contact
Environment
Location
Authorized Drafters
Involved Vehicle
Involved Personnel
Factors / Recommendations
Validation
Reporting Activity UIC/MCC/RUC:
Was DOD property damaged?:
Yes
No
Was NON-DOD property damaged?:
Yes
No
If yes you will need the damage cost.
Date of Mishap:
Input Date of Mishap
Time of Mishap (Military Time):
Input Time of Mishap (Military Time)
Local Serial Number:
Input Local Serial Number
Brief Narrative:
Input Brief Narrative
Short narrative here. 100 character limit.
Alcohol Involved?:
Yes
No
Unknown
Drugs Involved?:
Yes
No
Unknown
Safety Investigation Board Involved?:
Yes
No
Unknown
Mishap Narrative:
Who? What? Why?
Type a very detailed narrative here.
Save
Validate
Previous
Next

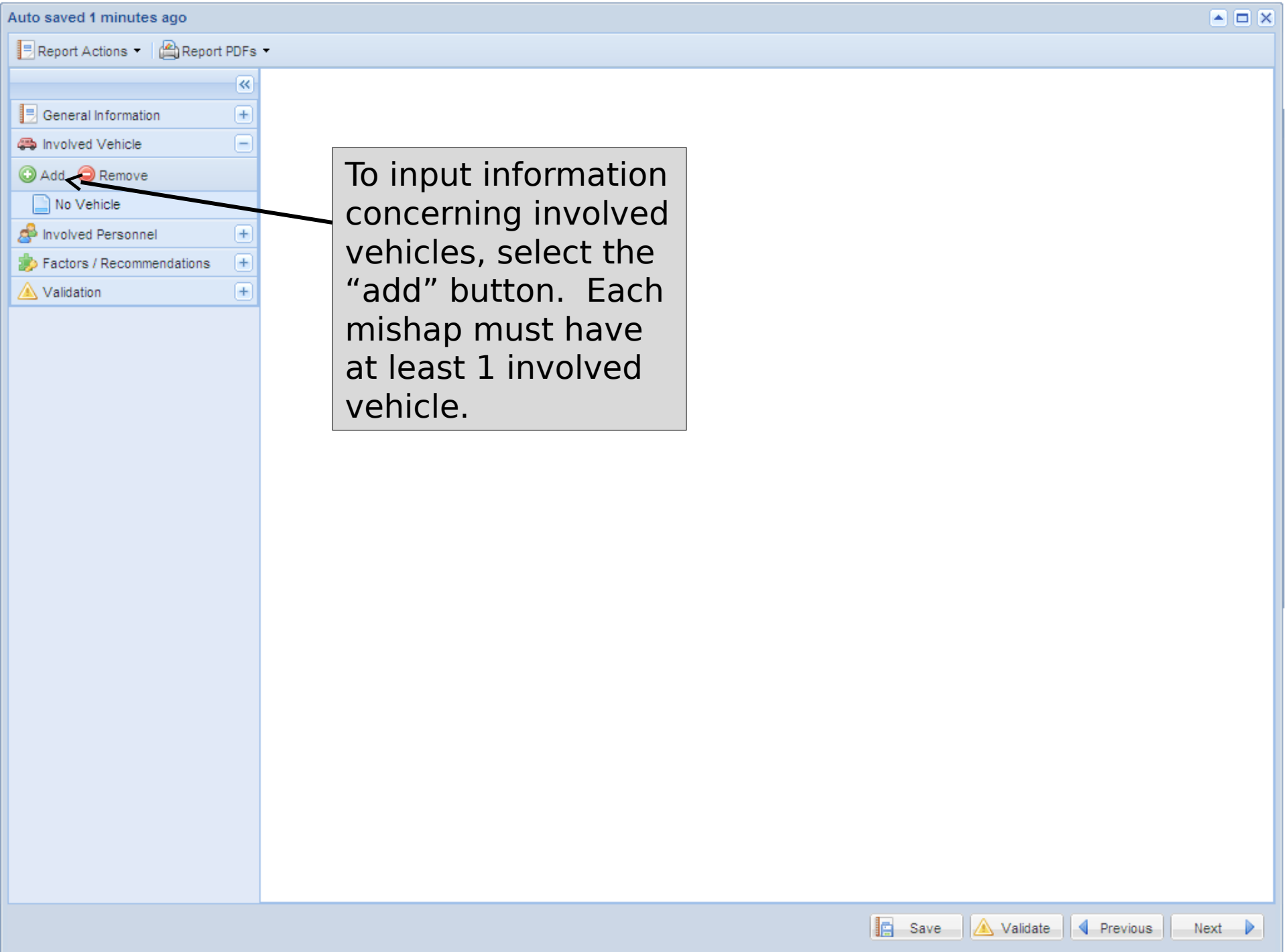

Auto saved 3 minutes ago
Report Actions
Report PDFs
General Information
Entry Screens
General Information
Point of Contact
Environment
Location
Authorized Drafters
Involved Vehicle
Involved Personnel
Factors / Recommendations
Validation
First Name:
Input First Name
MI:
Input MI
Last Name:
Input Last Name
Rank:
Input Rank
Rating:
Input Rating
MOS:
Input MOS
Grade:
Input Grade
Parent UIC/MCC/RUC:
Input Parent UIC/MCC/RUC
Phone Number:
Input Phone Number
DSN:
Input DSN
Email:
Input Email
WESS will auto-populate most of this from your log-in information. You can manually change if required.
Save
Validate
Previous
Next

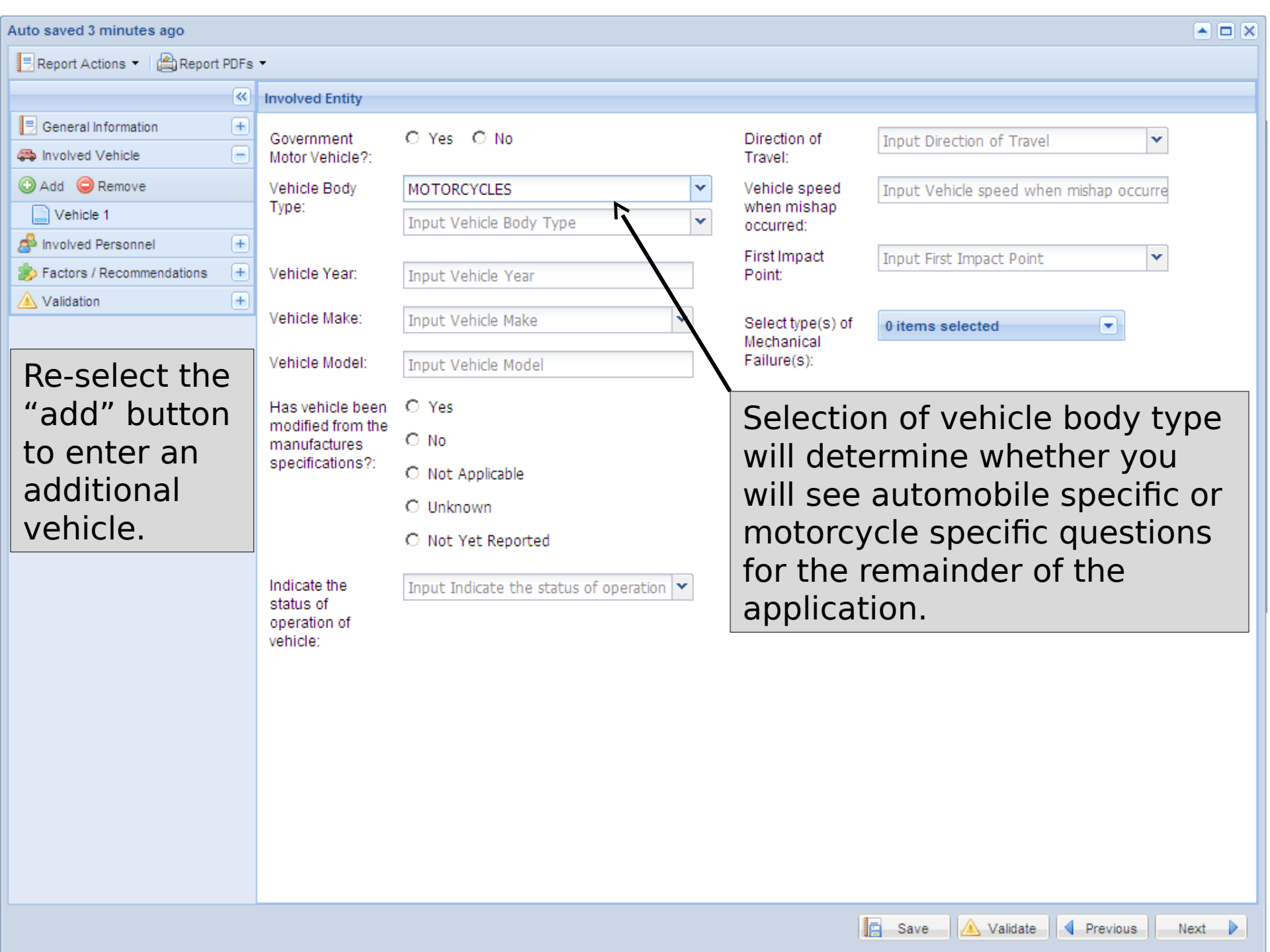

Auto saved 3 minutes ago
Report Actions
Report PDFs
General Information
Entry Screens
General Information
Point of Contact
Environment
Location
Authorized Drafters
Involved Vehicle
Involved Personnel
Factors / Recommendations
Validation
Describe type of field/road surface:
Input Describe type of field/road surfac
Select type(s) of Environment/Road Conditions:
0 items selected
Select any road surface defects:
Input Select any road surface defects
Describe contour/design:
Input Describe contour/design
Posted speed limit at the site of the mishap:
Input Posted speed limit at the site of the
Select type(s) of Traffic Conditions:
0 items selected
ALTERNATE PATTERNS
BACKED UP
CONSTRUCTION
HEAVY TRAFFIC
LIGHT TRAFFIC
MEDIUM TRAFFIC
NORMAL
OTHER
RUSH HOUR
Text entry
Blue colored box allows multiple items for selection
Clear boxes allow only 1 item for selection
Traffic Control (Click Row to Edit)
Add
Remove
Traffic Control
Traffic Control Function
Was Traffic Control Visible?
If traffic controls (e.g. stop sign) were involved, you may add them by clicking here. If none were involved in the mishap, you may skip this section.
Save
Validate
Previous
Next

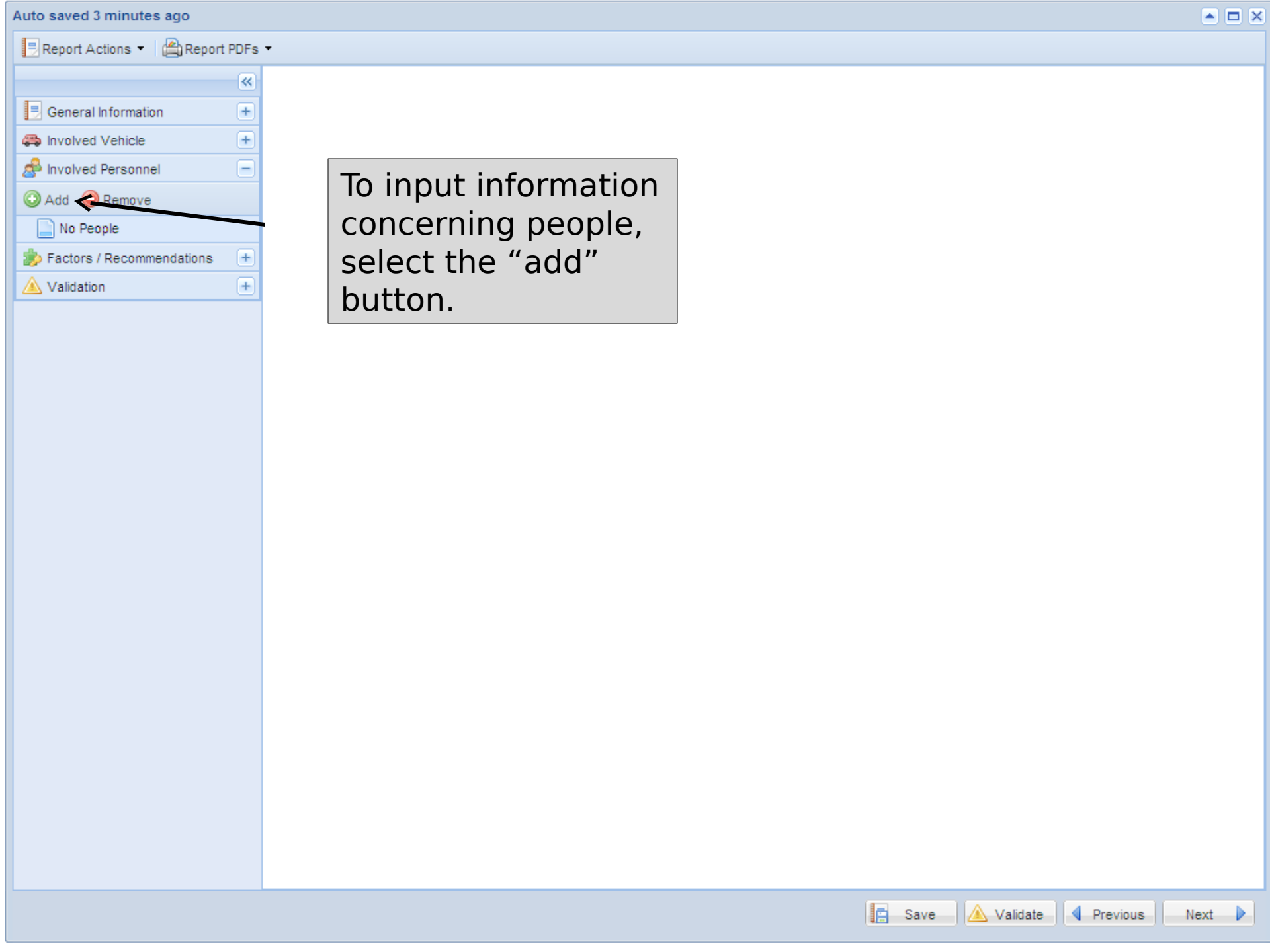

Auto saved 3 minutes ago
Report Actions
Report PDFs
General Information
Entry Screens
General Information
Point of Contact
Environment
Location
Authorized Drafters
Involved Vehicle
Involved Personnel
Factors / Recommendations
Validation
Describe type of field/road surface:
Input Describe type of field/road surfac
Select type(s) of Environment/Road Conditions:
0 items selected
Select any road surface defects:
Input Select any road surface defects
Describe contour/design:
Input Describe contour/design
Posted speed
Input Posted speed limit at the site of the
(Empty)
CAUTION LIGHT
FLAGMAN
OTHER
RAILROAD AUTOMATIC SIGNAL
RAILROAD CROSSING GATE
SPEED LIMIT SIGN
STOP SIGN
TEMPORARY WARNING DEVICE (FLAC
TRAFFIC LIGHT
TRAFFIC POLICEMAN
UNKNOWN
WARNING SIGN (CURVE IN ROAD, ET
YIELD SIGN
Select type(s) of Traffic Conditions:
0 items selected
ALTERNATE PATTERNS
BACKED UP
CONSTRUCTION
HEAVY TRAFFIC
LIGHT TRAFFIC
MEDIUM TRAFFIC
NORMAL
OTHER
RUSH HOUR
Traffic Control Function
Was Traffic Control Visible?
Unknown
Save
Cancel
Delete
Previous
Next
After selection of stop sign, answer traffic control function and whether the stop sign was visible. Then hit save.

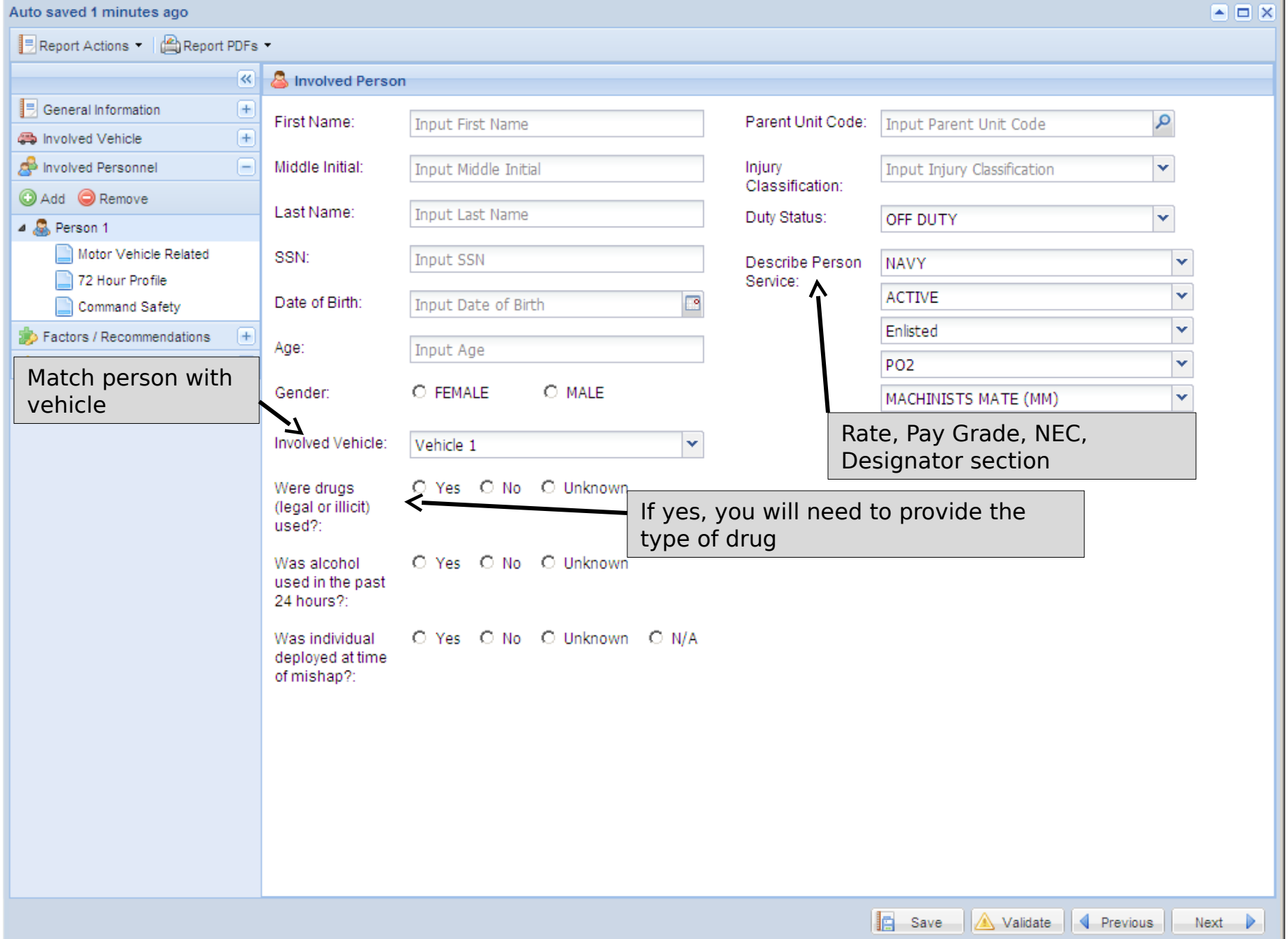

Auto saved 2 minutes ago
Report Actions
Report PDFs
General Information
Entry Screens
General Information
Point of Contact
Environment
Location
Authorized Drafters
Involved Vehicle
Involved Personnel
Factors / Recommendations
Validation
Did mishap occur on a Govt Installation?:
Yes
No
Country / State:
Select Country
Select State
City:
Input City
County:
Input County
Township:
Input Township
Road/Street:
Input Road/Street
Interstate:
Input Interstate
Route Designation:
Input Route Designation
UIC of Govt installation where mishap occurred:
Input UIC of Govt installation where mi
Mishap's location in relation to roadway:
Input Mishap's location in relation to roadv
Only appears if mishap occurred on govt installation.
Save
Validate
Previous
Next

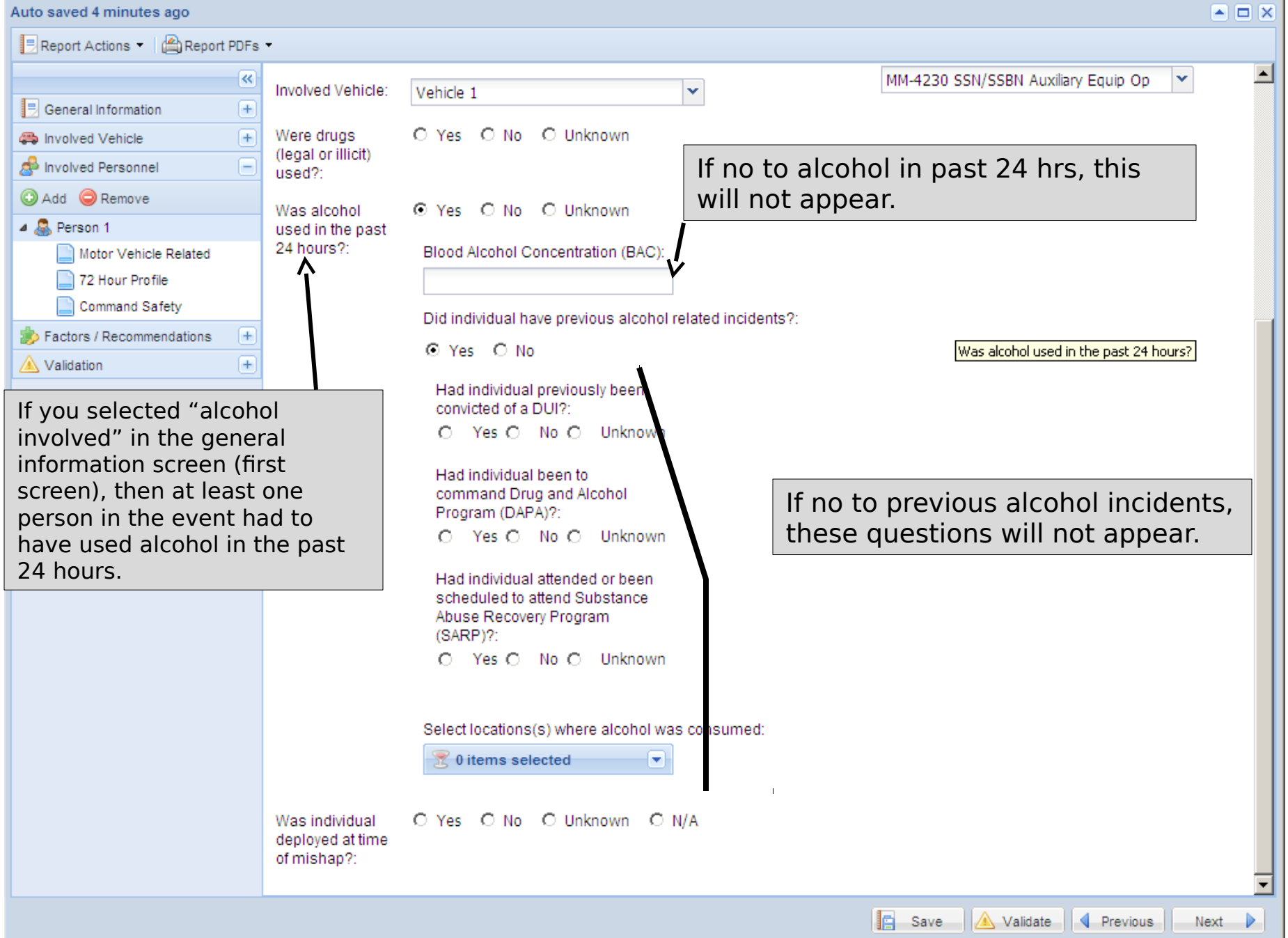

Auto saved 3 minutes ago
Report Actions
Report PDFs
General Information
Entry Screens
General Information
Point of Contact
Environment
Location
Authorized Drafters
Involved Vehicle
Involved Personnel
Factors / Recommendations
Validation
Authorized Drafters
Select Members / Authorized Drafters:
Search Accounts by UIC, First Name or Last Name and Click Search Button
This screen allows the user to designate other individuals who may access and update this report.
Save
Validate
Previous
Next

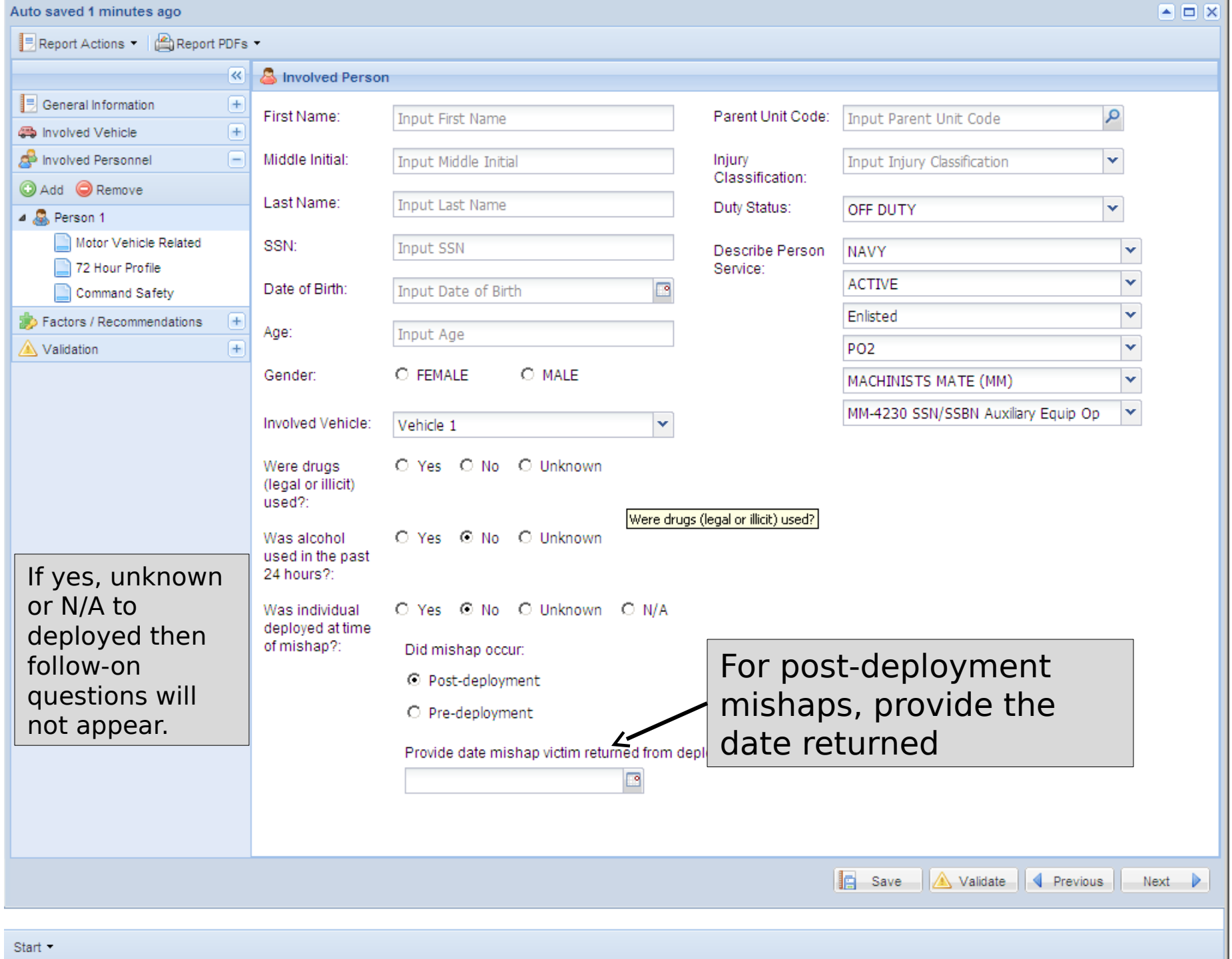

Auto saved 1 minutes ago
Report Actions
Report PDFs
General Information
Involved Vehicle
Add
Remove
No Vehicle
Involved Personnel
Factors / Recommendations
Validation
To input information concerning involved vehicles, select the “add” button. Each mishap must have at least 1 involved vehicle.
Save
Validate
Previous
Next

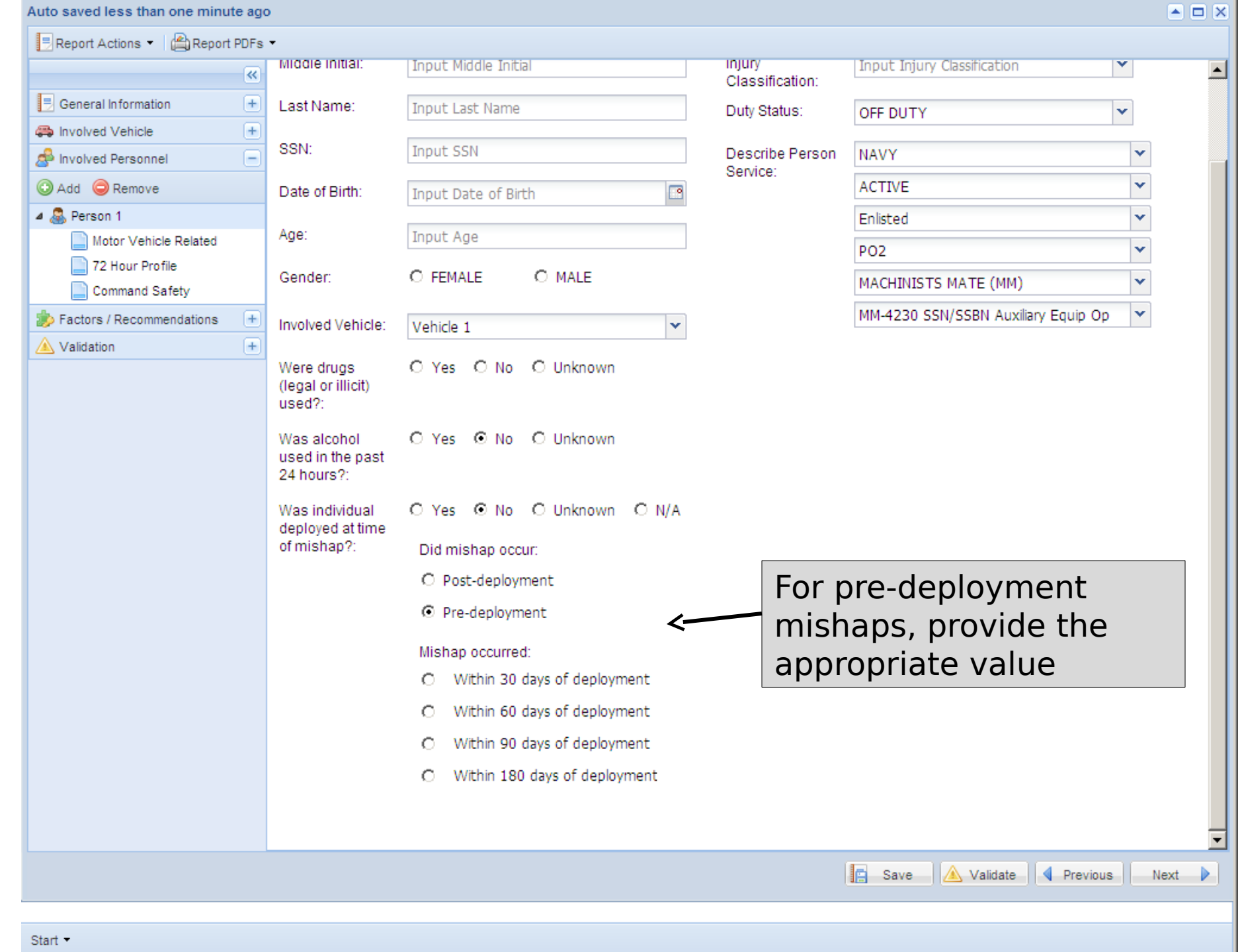

Auto saved 3 minutes ago
Report Actions
Report PDFs
General Information
Involved Vehicle
Add
Remove
Vehicle 1
Involved Personnel
Factors / Recommendations
Validation
Involved Entity
Government Motor Vehicle?:
Yes
No
Vehicle Body Type:
MOTORCYCLES
Input Vehicle Body Type
Vehicle Year:
Input Vehicle Year
Vehicle Make:
Input Vehicle Make
Vehicle Model:
Input Vehicle Model
Has vehicle been modified from the manufactures specifications?:
Yes
No
Not Applicable
Unknown
Not Yet Reported
Indicate the status of operation of vehicle:
Input Indicate the status of operation
Direction of Travel:
Input Direction of Travel
Vehicle speed when mishap occurred:
Input Vehicle speed when mishap occurre
First Impact Point:
Input First Impact Point
Select type(s) of Mechanical Failure(s):
0 items selected
Re-select the “add” button to enter an additional vehicle.
Selection of vehicle body type will determine whether you will see automobile specific or motorcycle specific questions for the remainder of the application.
Save
Validate
Previous
Next

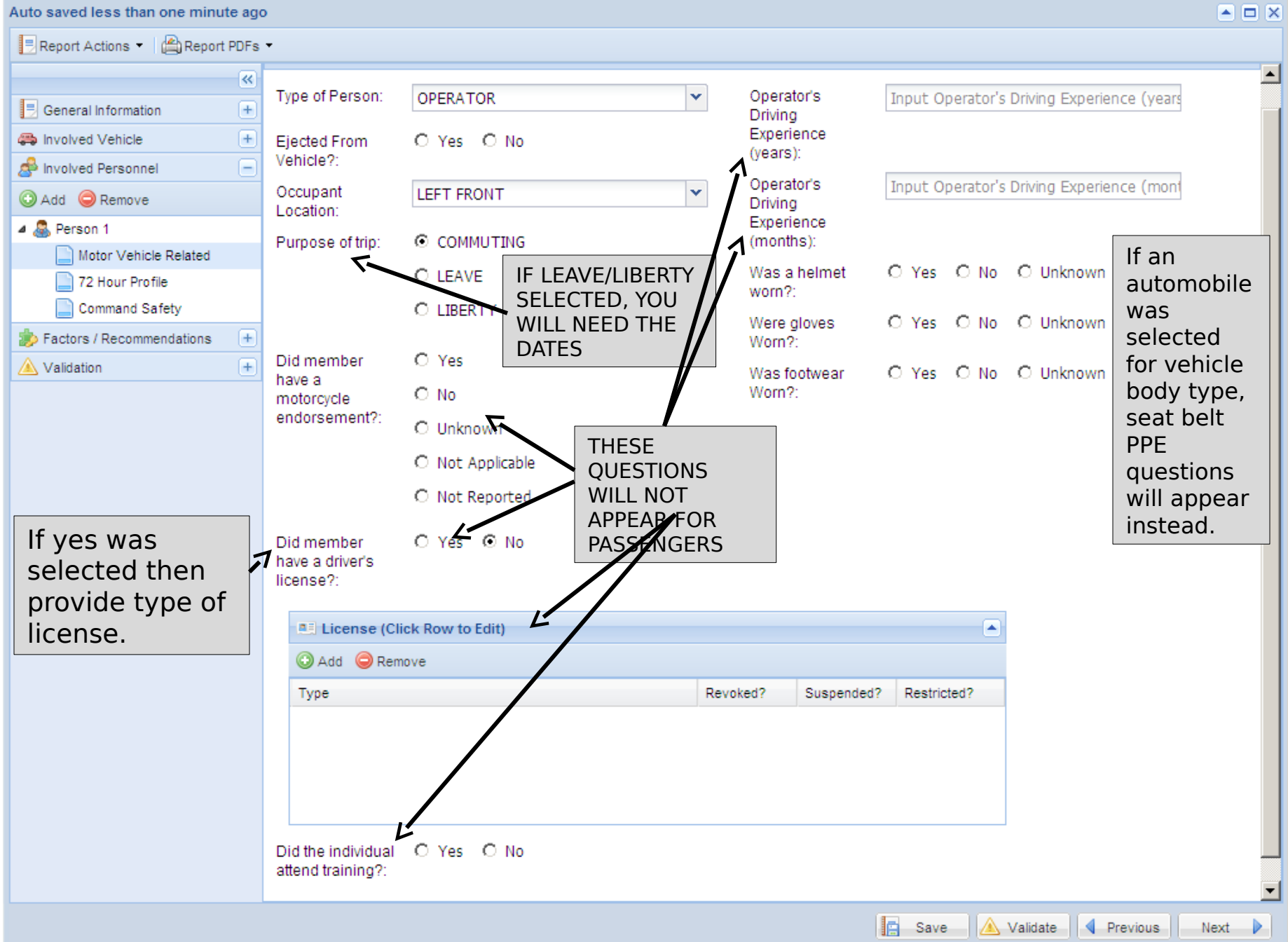

Auto saved 3 minutes ago
Report Actions
Report PDFs
General Information
Involved Vehicle
Involved Personnel
Add
Remove
No People
Factors / Recommendations
Validation
To input information concerning people, select the “add” button.
Save
Validate
Previous
Next

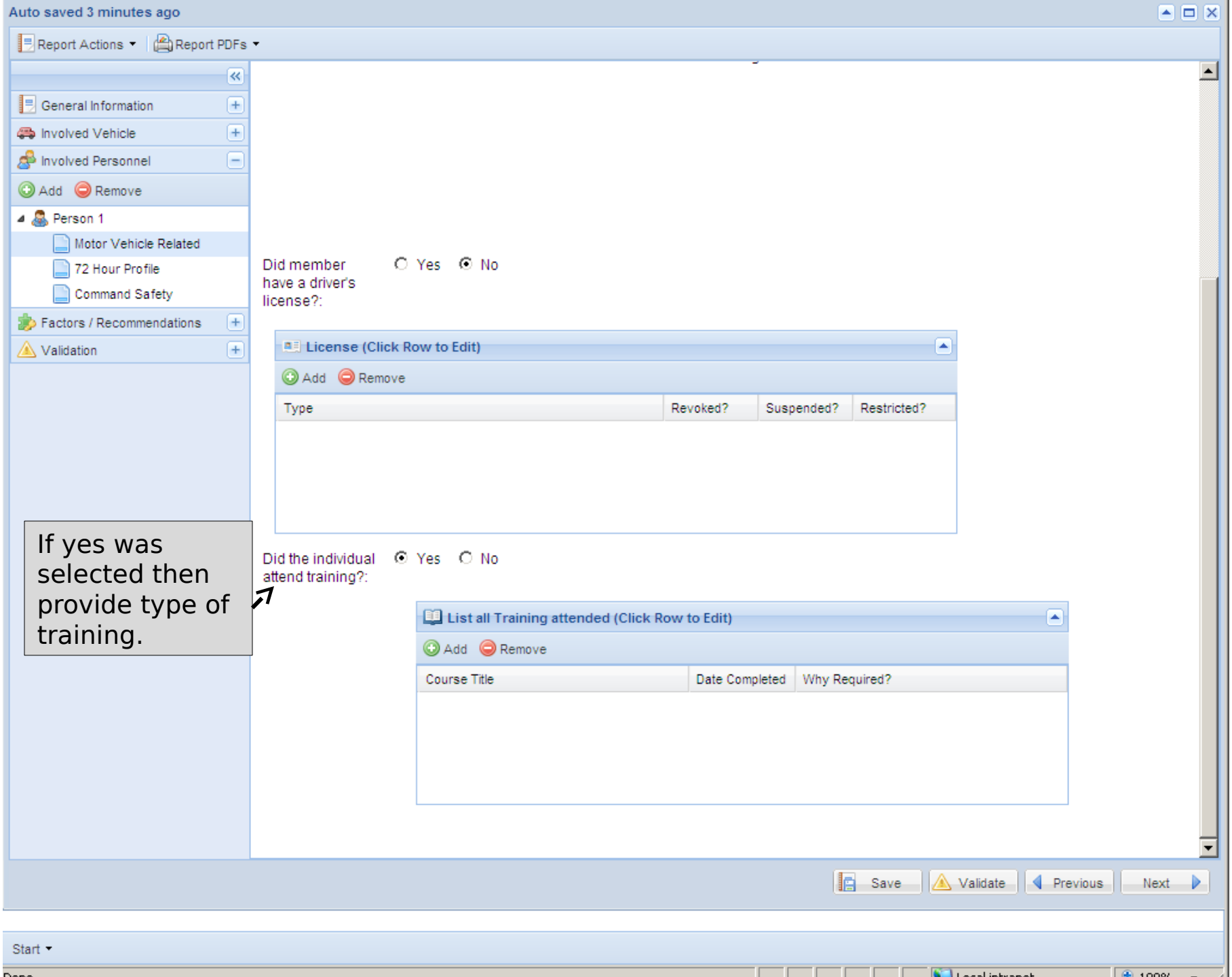

Auto saved 1 minutes ago
Report Actions
Report PDFs
General Information
Involved Vehicle
Involved Personnel
Add
Remove
Person 1
Motor Vehicle Related
72 Hour Profile
Command Safety
Factors / Recommendations
Involved Person
First Name:
Input First Name
Middle Initial:
Input Middle Initial
Last Name:
Input Last Name
SSN:
Input SSN
Date of Birth:
Input Date of Birth
Age:
Input Age
Gender:
FEMALE
MALE
Involved Vehicle:
Vehicle 1
Were drugs (legal or illicit) used?:
Yes
No
Unknown
Was alcohol used in the past 24 hours?:
Yes
No
Unknown
Was individual deployed at time of mishap?:
Yes
No
Unknown
N/A
Parent Unit Code:
Input Parent Unit Code
Injury Classification:
Input Injury Classification
Duty Status:
OFF DUTY
Describe Person Service:
NAVY
ACTIVE
Enlisted
PO2
MACHINISTS MATE (MM)
Match person with vehicle
Rate, Pay Grade, NEC, Designator section
If yes, you will need to provide the type of drug
Save
Validate
Previous
Next
Start

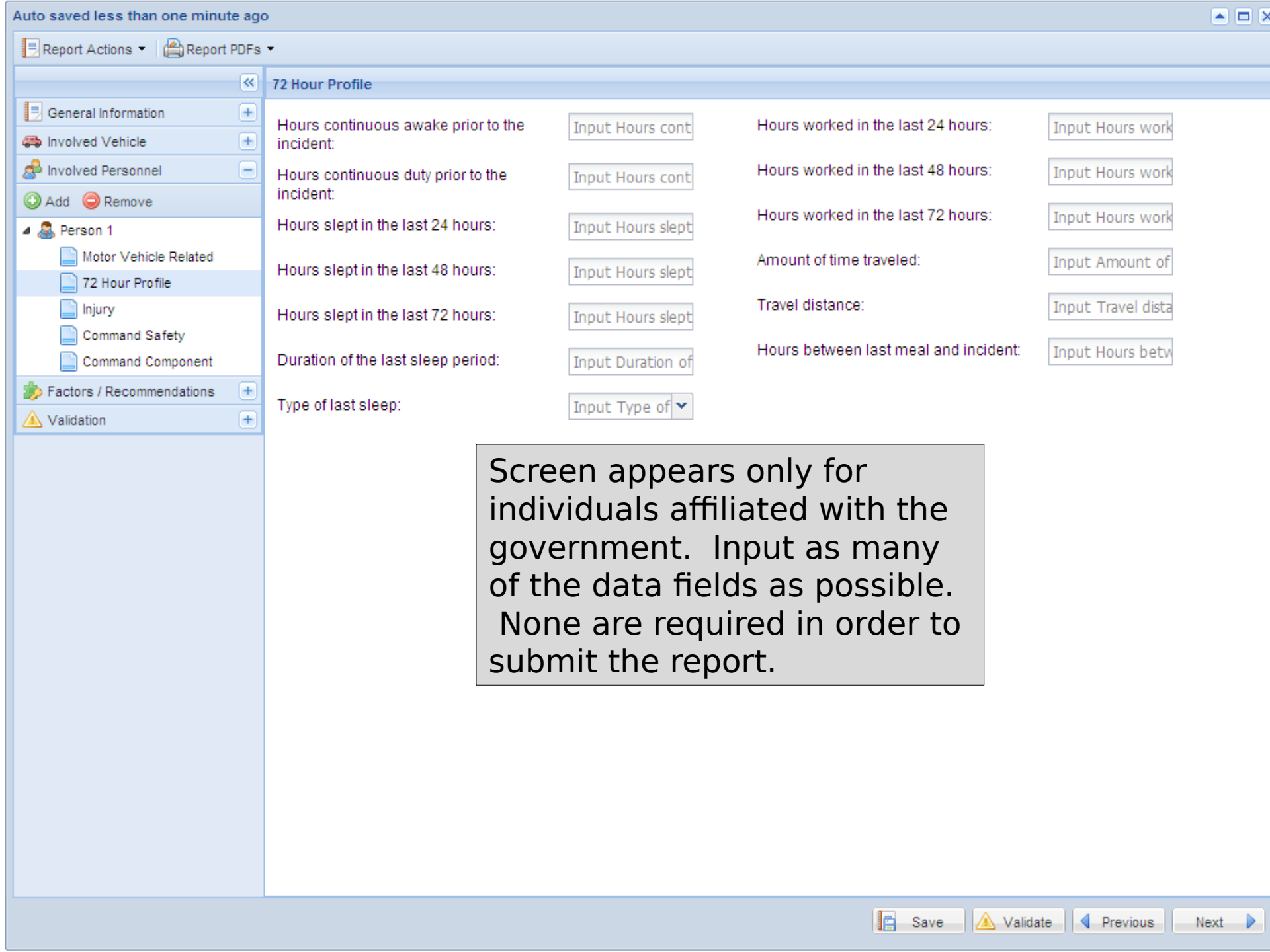

Auto saved 4 minutes ago
Report Actions
Report PDFs
General Information
Involved Vehicle
Involved Personnel
Add
Remove
Person 1
Motor Vehicle Related
72 Hour Profile
Command Safety
Factors / Recommendations
Validation
Involved Vehicle:
Vehicle 1
MM-4230 SSN/SSBN Auxiliary Equip Op
Were drugs (legal or illicit) used?:
Yes
No
Unknown
Was alcohol used in the past 24 hours?:
Blood Alcohol Concentration (BAC):
Did individual have previous alcohol related incidents?:
Was alcohol used in the past 24 hours?
Had individual previously been convicted of a DUI?:
Had individual been to command Drug and Alcohol Program (DAPA)?:
Had individual attended or been scheduled to attend Substance Abuse Recovery Program (SARP)?:
Select locations(s) where alcohol was consumed:
0 items selected
Was individual deployed at time of mishap?:
N/A
Save
Validate
Previous
Next
Start
If no to alcohol in past 24 hrs, this will not appear.
If you selected “alcohol involved” in the general information screen (first screen), then at least one person in the event had to have used alcohol in the past 24 hours.
If no to previous alcohol incidents, these questions will not appear.

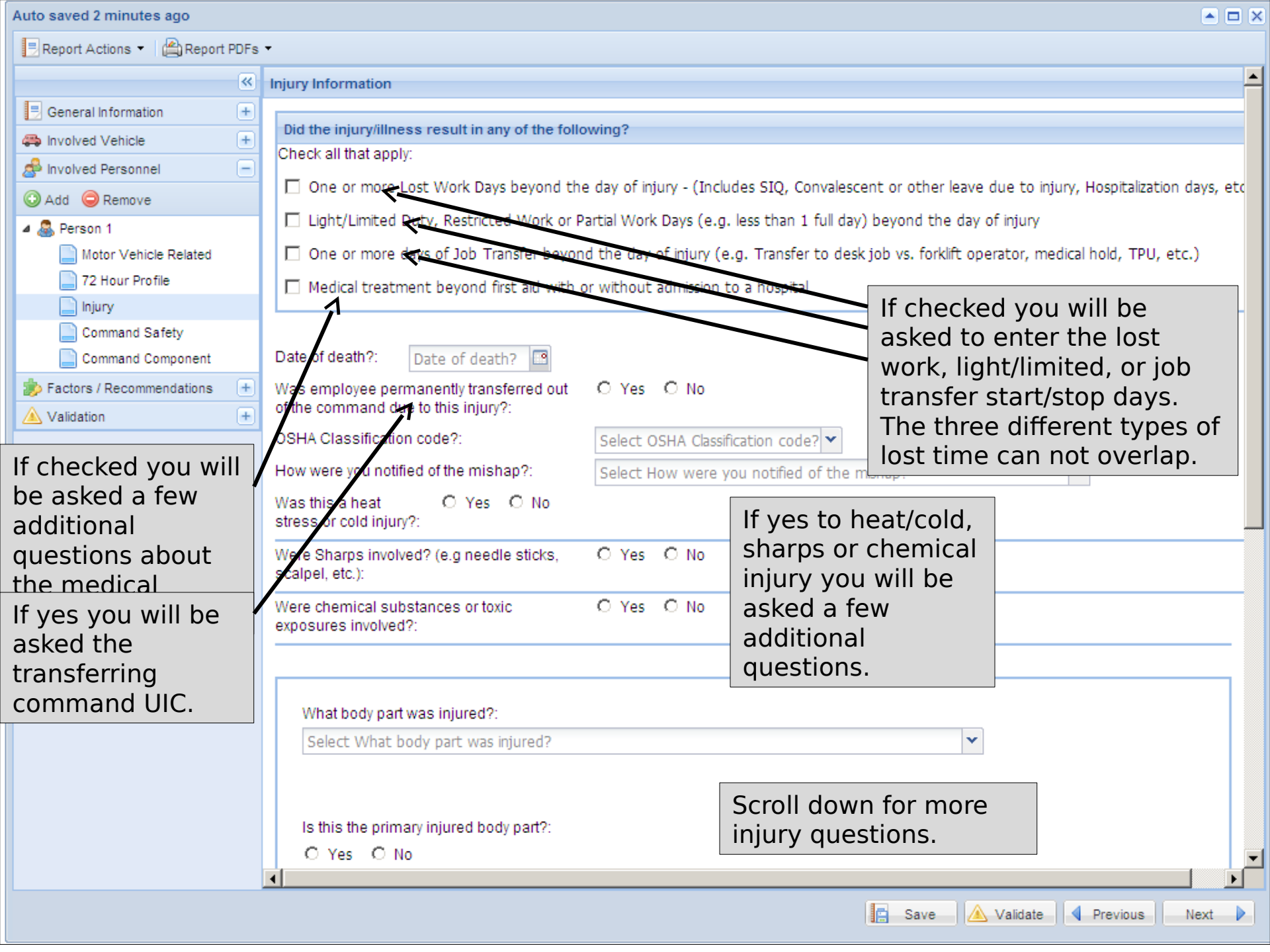

Auto saved 1 minutes ago
Report Actions
Report PDFs
General Information
Involved Vehicle
Involved Personnel
Add
Remove
Person 1
Motor Vehicle Related
72 Hour Profile
Command Safety
Factors / Recommendations
Validation
Involved Person
First Name:
Input First Name
Middle Initial:
Input Middle Initial
Last Name:
Input Last Name
SSN:
Input SSN
Date of Birth:
Input Date of Birth
Age:
Input Age
Gender:
FEMALE
MALE
Involved Vehicle:
Vehicle 1
Parent Unit Code:
Input Parent Unit Code
Injury Classification:
Input Injury Classification
Duty Status:
OFF DUTY
Describe Person Service:
NAVY
ACTIVE
Enlisted
PO2
MACHINISTS MATE (MM)
MM-4230 SSN/SSBN Auxiliary Equip Op
Were drugs (legal or illicit) used?:
Yes
No
Unknown
Were drugs (legal or illicit) used?
Was alcohol used in the past 24 hours?:
Yes
No
Unknown
Was individual deployed at time of mishap?:
Yes
No
Unknown
N/A
Did mishap occur:
Post-deployment
Pre-deployment
Provide date mishap victim returned from depl
If yes, unknown or N/A to deployed then follow-on questions will not appear.
For post-deployment mishaps, provide the date returned
Save
Validate
Previous
Next
Start

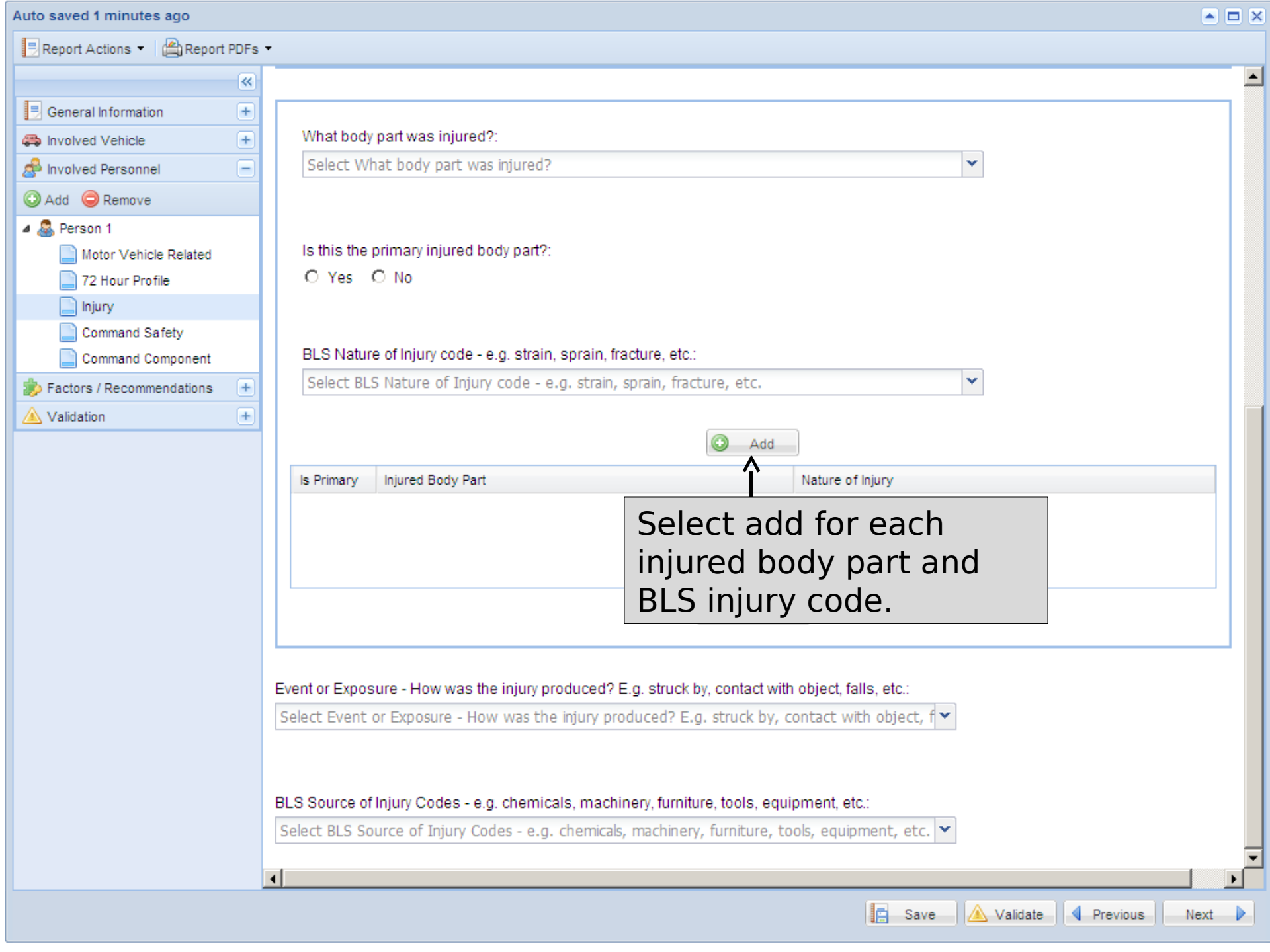

Auto saved less than one minute ago
Report Actions
Report PDFs
General Information
Involved Vehicle
Involved Personnel
Add
Remove
Person 1
Motor Vehicle Related
72 Hour Profile
Command Safety
Factors / Recommendations
Validation
Middle Initial:
Input Middle Initial
Last Name:
Input Last Name
SSN:
Input SSN
Date of Birth:
Input Date of Birth
Age:
Input Age
Gender:
FEMALE
MALE
Involved Vehicle:
Vehicle 1
Were drugs (legal or illicit) used?:
Yes
No
Unknown
Was alcohol used in the past 24 hours?:
Yes
No
Unknown
Was individual deployed at time of mishap?:
Yes
No
Unknown
N/A
Did mishap occur:
Post-deployment
Pre-deployment
Mishap occurred:
Within 30 days of deployment
Within 60 days of deployment
Within 90 days of deployment
Within 180 days of deployment
Injury Classification:
Input Injury Classification
Duty Status:
OFF DUTY
Describe Person Service:
NAVY
ACTIVE
Enlisted
PO2
MACHINISTS MATE (MM)
MM-4230 SSN/SSBN Auxiliary Equip Op
For pre-deployment mishaps, provide the appropriate value
Save
Validate
Previous
Next
Start

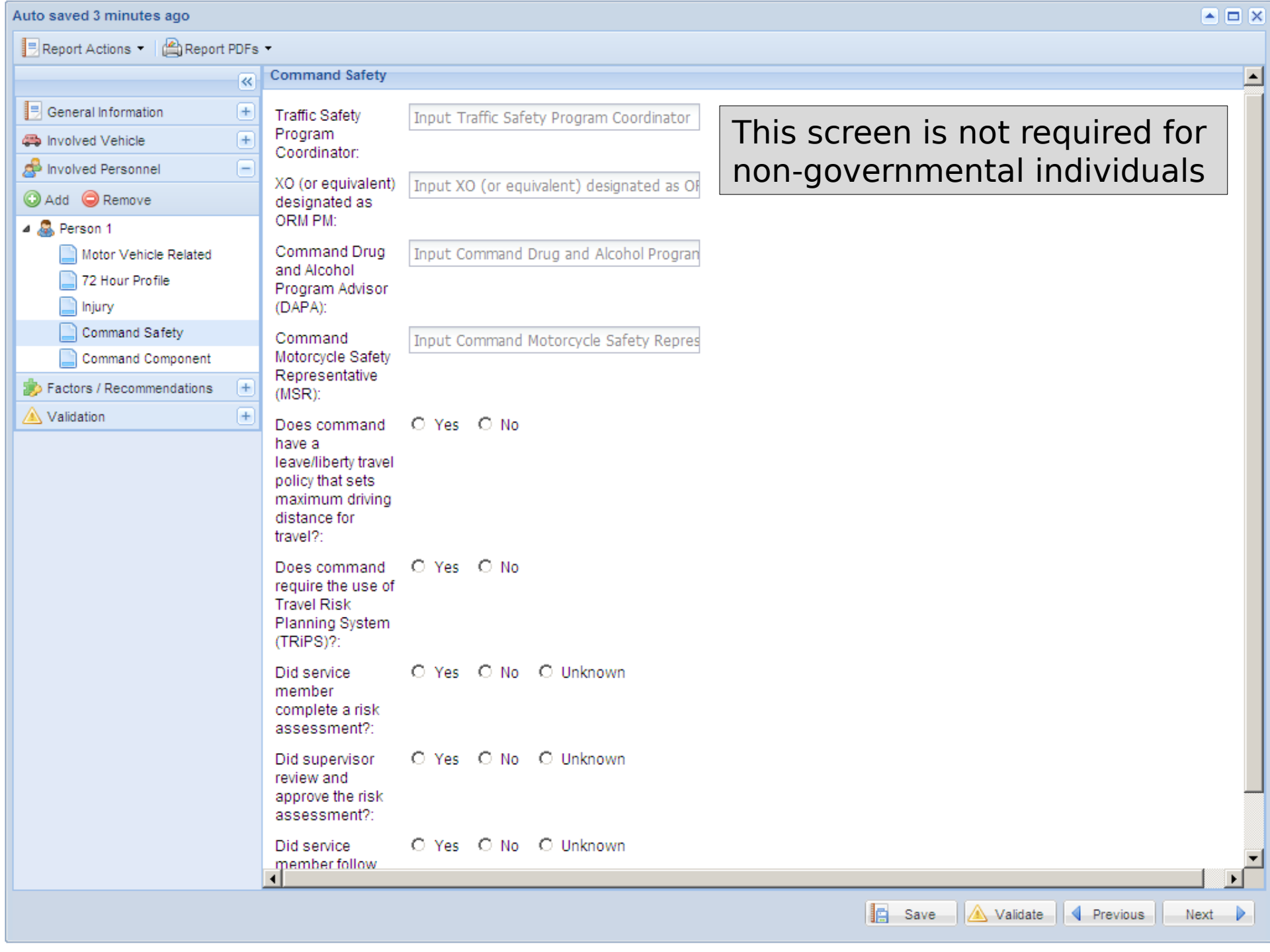

Auto saved less than one minute ago
Report Actions
Report PDFs
General Information
Involved Vehicle
Involved Personnel
Add
Remove
Person 1
Motor Vehicle Related
72 Hour Profile
Command Safety
Factors / Recommendations
Validation
Type of Person:
OPERATOR
Ejected From Vehicle?:
Yes
No
Occupant Location:
LEFT FRONT
Purpose of trip:
COMMUTING
LEAVE
LIBERTY
IF LEAVE/LIBERTY SELECTED, YOU WILL NEED THE DATES
Did member have a motorcycle endorsement?:
Yes
No
Unknown
Not Applicable
Not Reported
THESE QUESTIONS WILL NOT APPEAR FOR PASSENGERS
Did member have a driver's license?:
Yes
No
If yes was selected then provide type of license.
License (Click Row to Edit)
Add
Remove
Type
Revoked?
Suspended?
Restricted?
Did the individual attend training?:
Yes
No
Operator's Driving Experience (years):
Input Operator's Driving Experience (years
Operator's Driving Experience (months):
Input Operator's Driving Experience (mont
Was a helmet worn?:
Yes
No
Unknown
Were gloves Worn?:
Yes
No
Unknown
Was footwear Worn?:
Yes
No
Unknown
If an automobile was selected for vehicle body type, seat belt PPE questions will appear instead.
Save
Validate
Previous
Next
Start

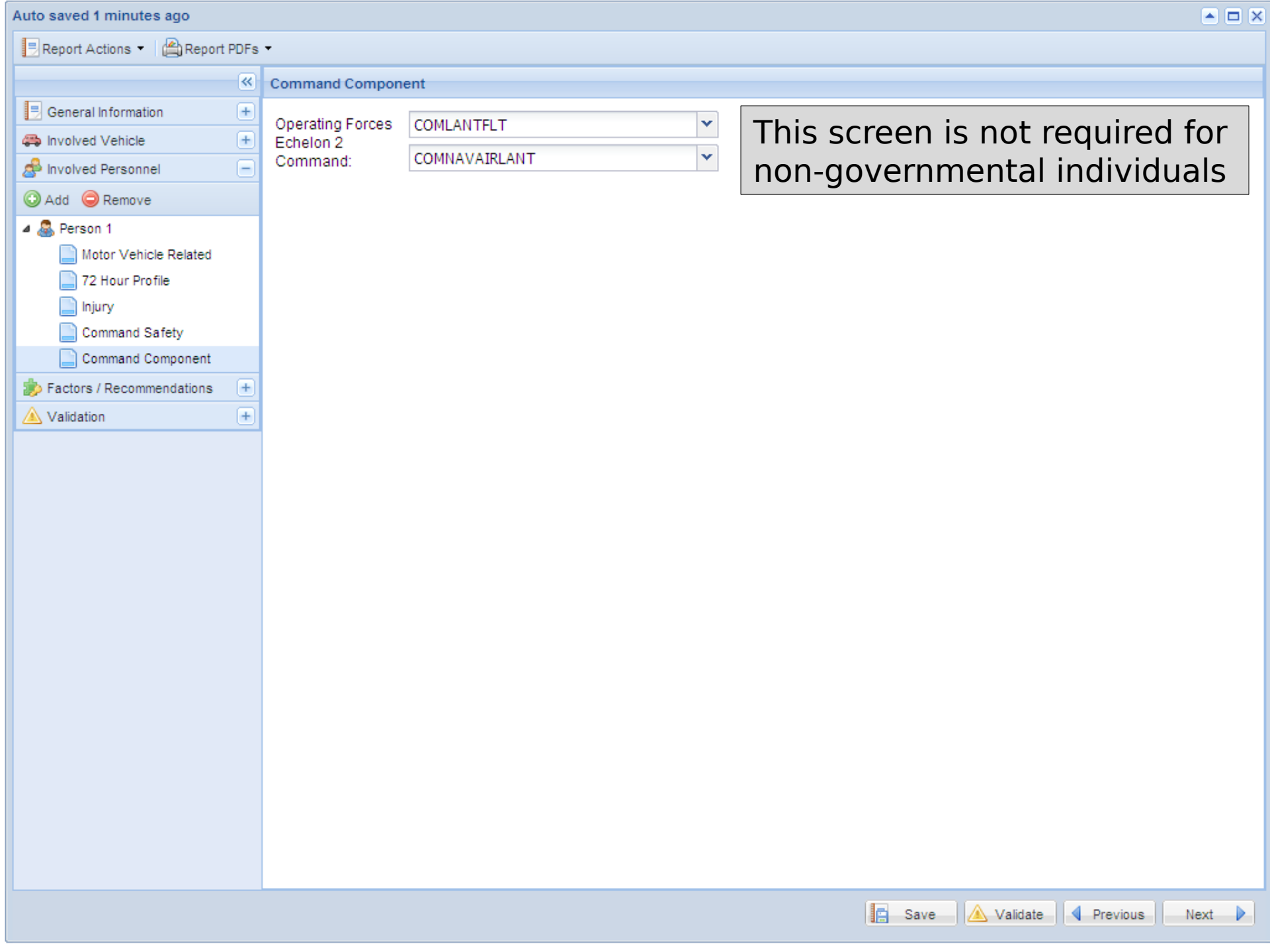

Auto saved 3 minutes ago
Report Actions
Report PDFs
General Information
Involved Vehicle
Involved Personnel
Add
Remove
Person 1
Motor Vehicle Related
72 Hour Profile
Command Safety
Factors / Recommendations
Validation
Did member have a driver's license?:
Yes
No
License (Click Row to Edit)
Add
Remove
Type
Revoked?
Suspended?
Restricted?
If yes was selected then provide type of training.
Did the individual attend training?:
Yes
No
List all Training attended (Click Row to Edit)
Add
Remove
Course Title
Date Completed
Why Required?
Save
Validate
Previous
Next
Start


Auto saved less than one minute ago
Report Actions
Report PDFs
General Information
Involved Vehicle
Involved Personnel
Add
Remove
Person 1
Motor Vehicle Related
72 Hour Profile
Injury
Command Safety
Command Component
Factors / Recommendations
Validation
72 Hour Profile
Hours continuous awake prior to the incident:
Input Hours cont
Hours continuous duty prior to the incident:
Input Hours cont
Hours slept in the last 24 hours:
Input Hours slept
Hours slept in the last 48 hours:
Input Hours slept
Hours slept in the last 72 hours:
Input Hours slept
Duration of the last sleep period:
Input Duration of
Type of last sleep:
Input Type of
Hours worked in the last 24 hours:
Input Hours work
Hours worked in the last 48 hours:
Input Hours work
Hours worked in the last 72 hours:
Input Hours work
Amount of time traveled:
Input Amount of
Travel distance:
Input Travel dista
Hours between last meal and incident:
Input Hours betw
Screen appears only for individuals affiliated with the government. Input as many of the data fields as possible. None are required in order to submit the report.
Save
Validate
Previous
Next


Auto saved 2 minutes ago
Report Actions
Report PDFs
General Information
Involved Vehicle
Involved Personnel
Add
Remove
Person 1
Motor Vehicle Related
72 Hour Profile
Injury
Command Safety
Command Component
Factors / Recommendations
Validation
Injury Information
Did the injury/illness result in any of the following?
Check all that apply:
One or more Lost Work Days beyond the day of injury - (Includes SIQ, Convalescent or other leave due to injury, Hospitalization days, etc
Light/Limited Duty, Restricted Work or Partial Work Days (e.g. less than 1 full day) beyond the day of injury
One or more days of Job Transfer beyond the day of injury (e.g. Transfer to desk job vs. forklift operator, medical hold, TPU, etc.)
Medical treatment beyond first aid with or without admission to a hospital
If checked you will be asked to enter the lost work, light/limited, or job transfer start/stop days. The three different types of lost time can not overlap.
Date of death?:
Date of death?
Was employee permanently transferred out of the command due to this injury?:
Yes
No
OSHA Classification code?:
Select OSHA Classification code?
How were you notified of the mishap?:
Was this a heat stress or cold injury?:
Yes
No
If checked you will be asked a few additional questions about the medical
If yes you will be asked the transferring command UIC.
If yes to heat/cold, sharps or chemical injury you will be asked a few additional questions.
Were Sharps involved? (e.g needle sticks, scalpel, etc.):
Yes
No
Were chemical substances or toxic exposures involved?:
Yes
No
What body part was injured?:
Select What body part was injured?
Is this the primary injured body part?:
Yes
No
Scroll down for more injury questions.
Save
Validate
Previous
Next


Auto saved 1 minutes ago
Report Actions
Report PDFs
General Information
Involved Vehicle
Involved Personnel
Add
Remove
Person 1
Motor Vehicle Related
72 Hour Profile
Injury
Command Safety
Command Component
Factors / Recommendations
Validation
What body part was injured?:
Select What body part was injured?
Is this the primary injured body part?:
Yes
No
BLS Nature of Injury code - e.g. strain, sprain, fracture, etc.:
Select BLS Nature of Injury code - e.g. strain, sprain, fracture, etc.
Add
Is Primary
Injured Body Part
Nature of Injury
Select add for each injured body part and BLS injury code.
Event or Exposure - How was the injury produced? E.g. struck by, contact with object, falls, etc.:
Select Event or Exposure - How was the injury produced? E.g. struck by, contact with object, f
BLS Source of Injury Codes - e.g. chemicals, machinery, furniture, tools, equipment, etc.:
Select BLS Source of Injury Codes - e.g. chemicals, machinery, furniture, tools, equipment, etc.
Save
Validate
Previous
Next


Auto saved 3 minutes ago
Report Actions
Report PDFs
General Information
Involved Vehicle
Involved Personnel
Add
Remove
Person 1
Motor Vehicle Related
72 Hour Profile
Injury
Command Safety
Command Component
Factors / Recommendations
Validation
Command Safety
Traffic Safety Program Coordinator:
Input Traffic Safety Program Coordinator
XO (or equivalent) designated as ORM PM:
Input XO (or equivalent) designated as OF
Command Drug and Alcohol Program Advisor (DAPA):
Input Command Drug and Alcohol Progran
Command Motorcycle Safety Representative (MSR):
Input Command Motorcycle Safety Repres
Does command have a leave/liberty travel policy that sets maximum driving distance for travel?:
Yes
No
Does command require the use of Travel Risk Planning System (TRiPS)?:
Yes
No
Did service member complete a risk assessment?:
Yes
No
Unknown
Did supervisor review and approve the risk assessment?:
Yes
No
Unknown
Did service member follow
This screen is not required for non-governmental individuals
Save
Validate
Previous
Next

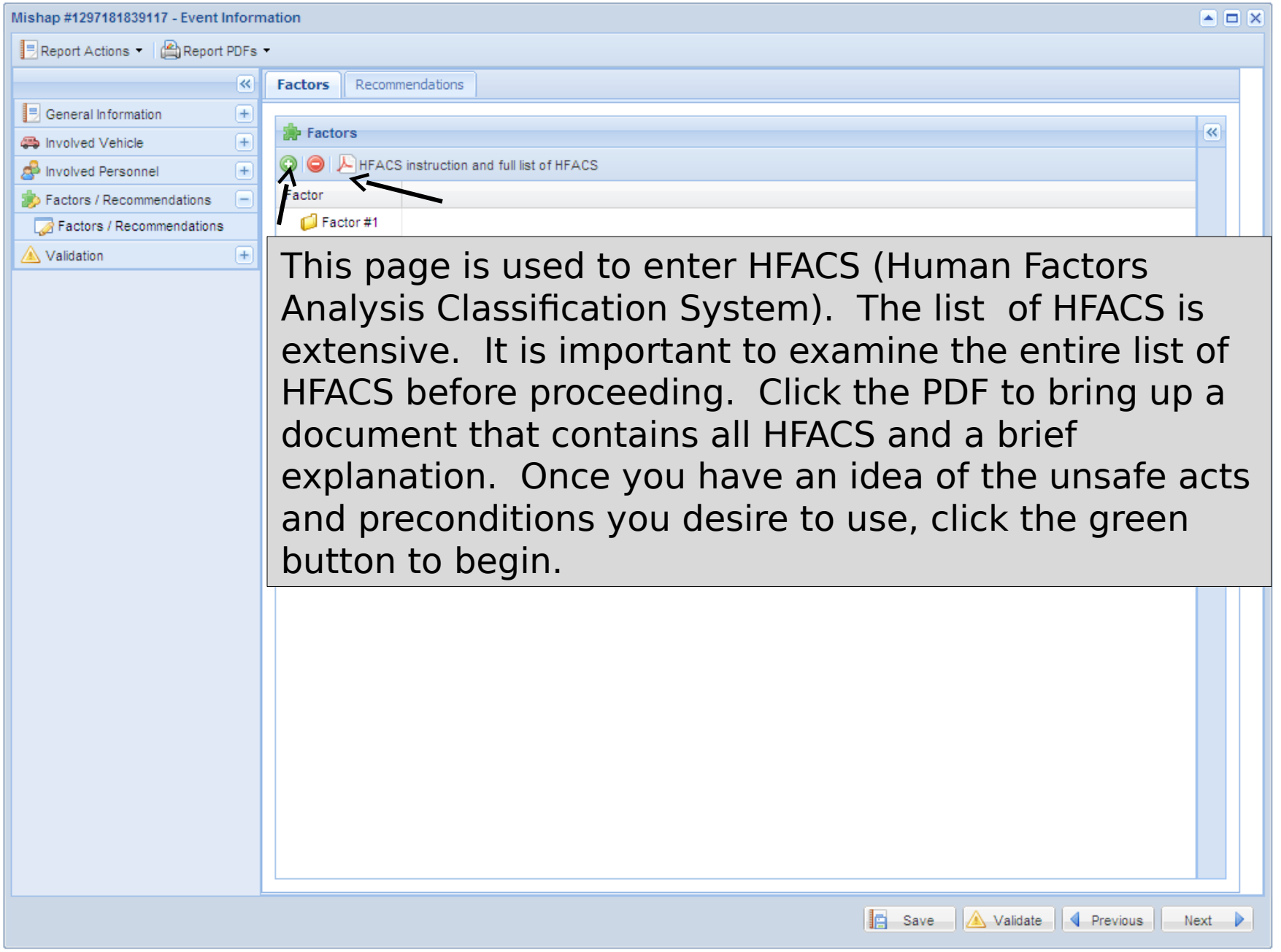

Auto saved 1 minutes ago
Report Actions
Report PDFs
General Information
Involved Vehicle
Involved Personnel
Add
Remove
Person 1
Motor Vehicle Related
72 Hour Profile
Injury
Command Safety
Command Component
Factors / Recommendations
Validation
Command Component
Operating Forces Echelon 2 Command:
COMLANTFLT
COMNAVAIRLANT
This screen is not required for non-governmental individuals
Save
Validate
Previous
Next

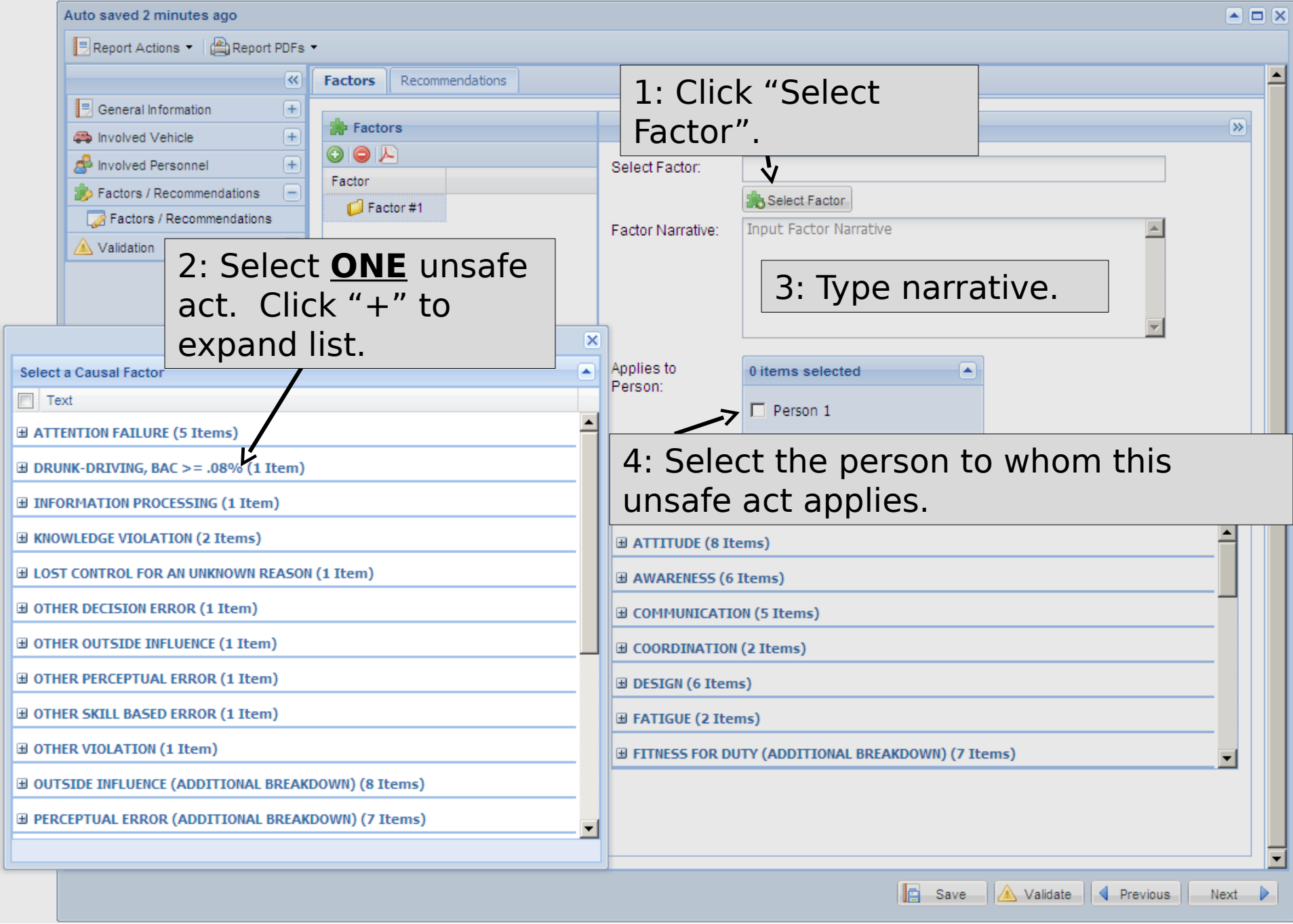
Human Factors Analysis And Classification System (HFACS)

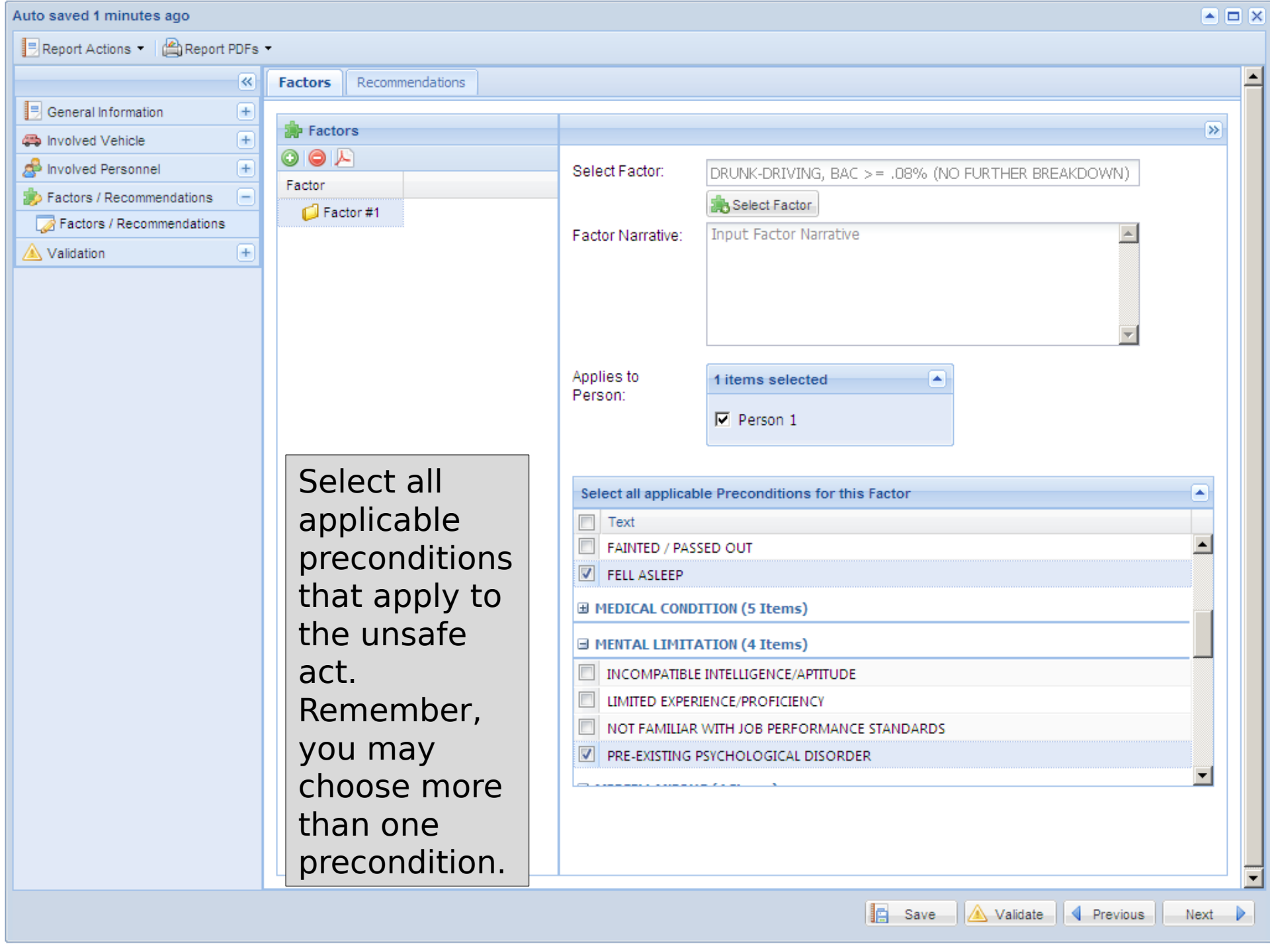
- HFACS replace previous causal factors
- HFACS involve an unsafe act with preconditions for that unsafe act
  - Unsafe act = “what happened”. Example – failed to yield right of way
  - Precondition = “Why did unsafe act happen”. Example – fatigue and slippery road surface
- For the Motor Vehicle Reporting System, each factor will have one unsafe act. For the selected unsafe act, the user will then add all applicable preconditions
- If the event involved more than one factor, additional unsafe acts may be added with the appropriate preconditions

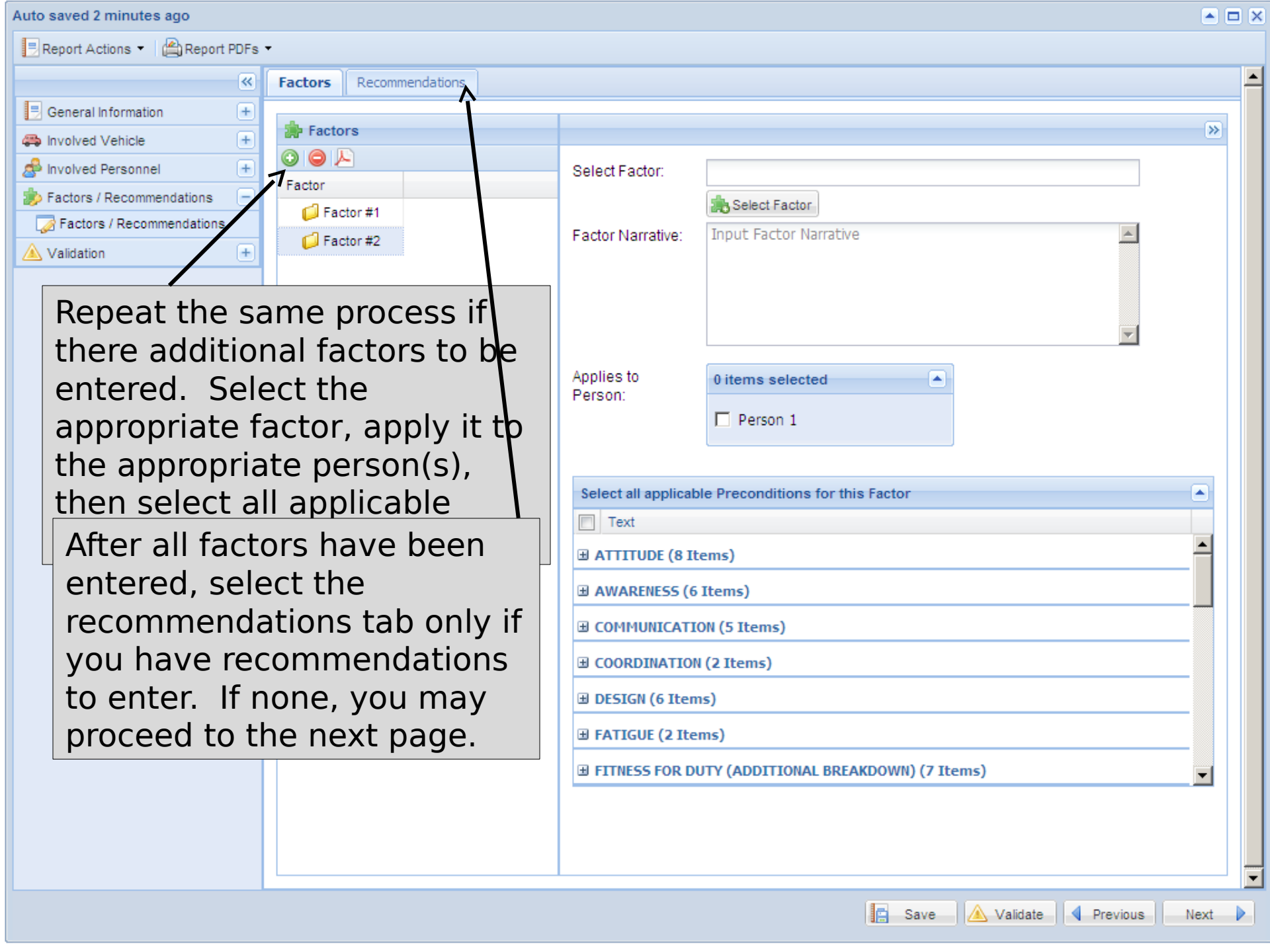
Human Factors Analysis And Classification System (HFACS) Example

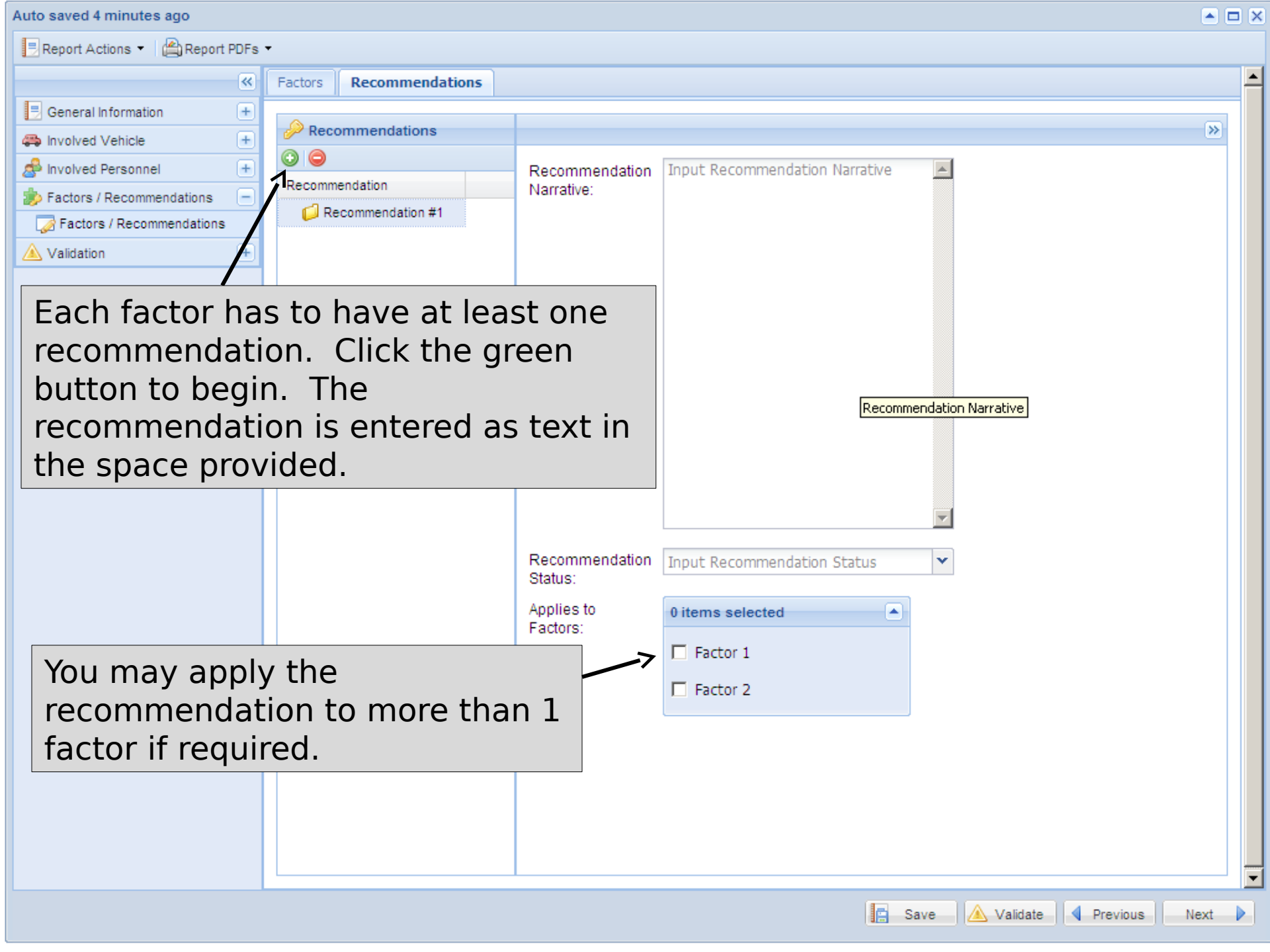
- Single car mishap. The driver was drunk and speeding.
- Factor 1:
  - Unsafe Act = Drunk-driving (BAC≥ .08%)
  - Preconditions for unsafe act
    - Stress
    - Lack of sleep
    - Inappropriate peer pressure
- Factor 2:
  - Unsafe Act = Speeding 20-29 MPH over speed limit
  - Preconditions for unsafe act
    - Complacency
    - Overconfidence
    - Misunderstood instructions
- Note: Each factor has ONE unsafe act with multiple preconditions

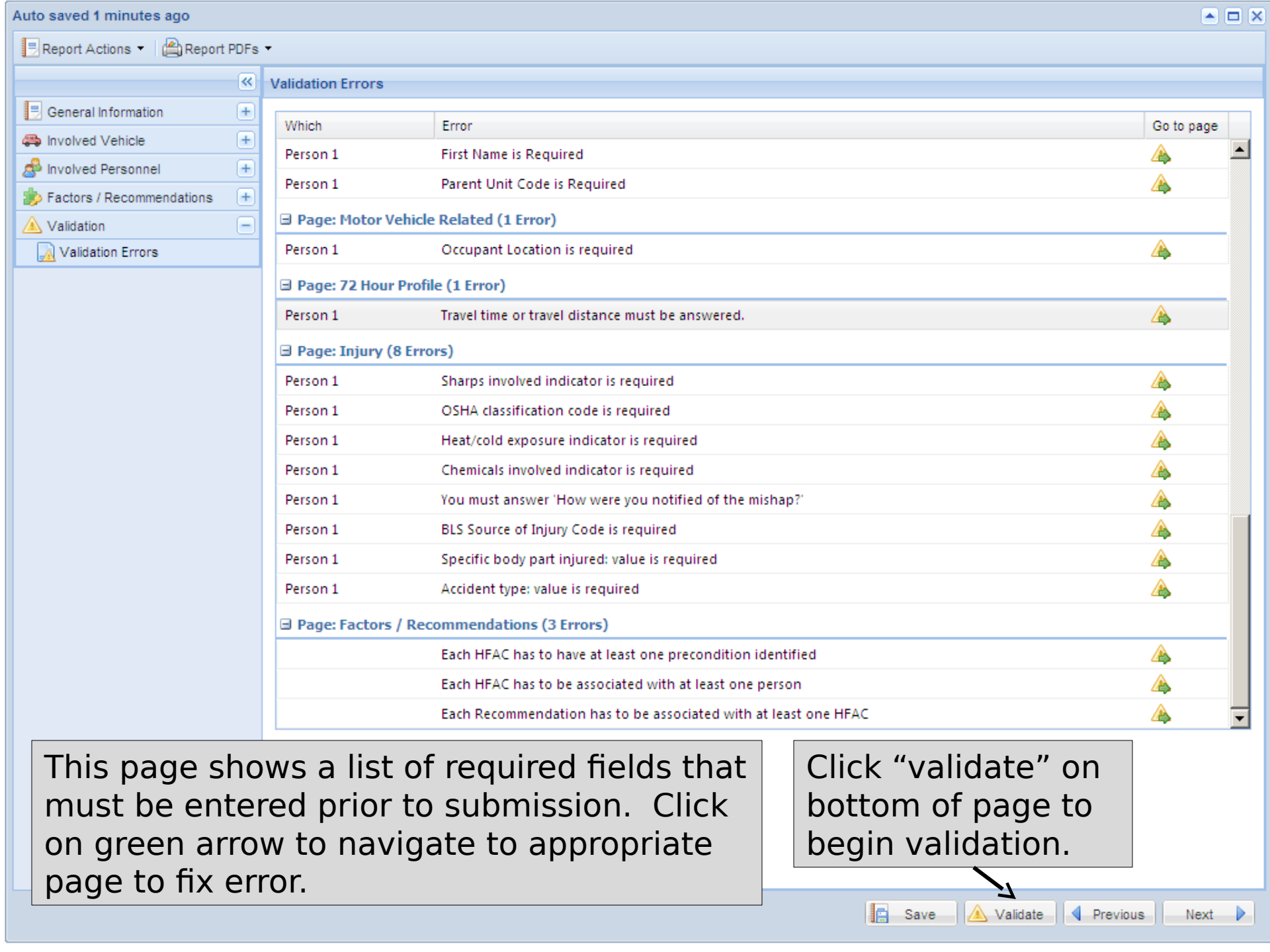

Mishap #1297181839117 - Event Information
Report Actions
Report PDFs
General Information
Involved Vehicle
Involved Personnel
Factors / Recommendations
Factors / Recommendations
Validation
Factors
Recommendations
Factors
HFACS instruction and full list of HFACS
Factor
Factor #1
This page is used to enter HFACS (Human Factors Analysis Classification System). The list of HFACS is extensive. It is important to examine the entire list of HFACS before proceeding. Click the PDF to bring up a document that contains all HFACS and a brief explanation. Once you have an idea of the unsafe acts and preconditions you desire to use, click the green button to begin.
Save
Validate
Previous
Next
Start

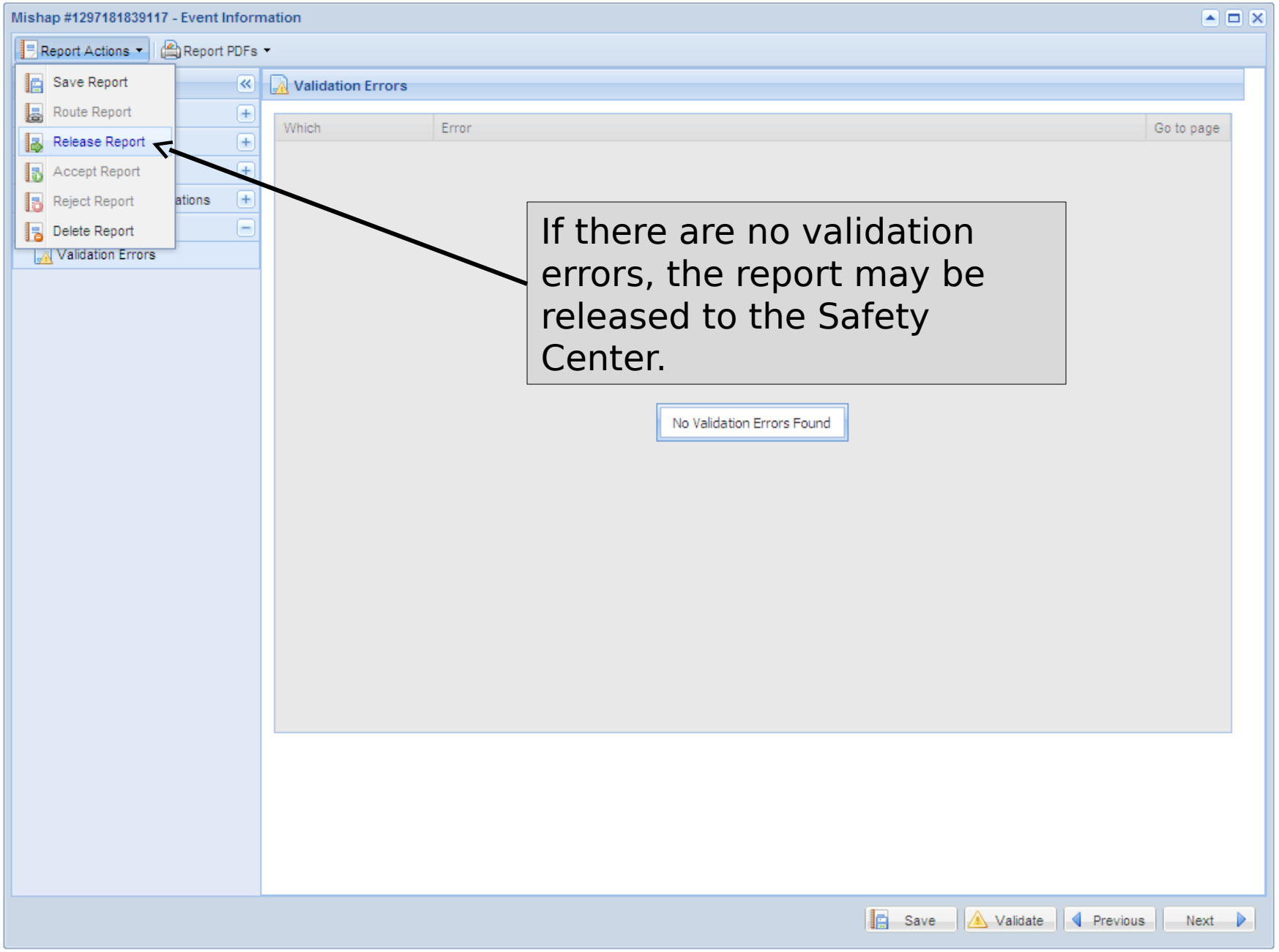

Auto saved 2 minutes ago
Report Actions
Report PDFs
General Information
Involved Vehicle
Involved Personnel
Factors / Recommendations
Factors / Recommendations
Validation
Factors
Recommendations
Factors
Factor
Factor #1
1: Click “Select Factor”.
Select Factor:
Select Factor
Factor Narrative:
Input Factor Narrative
3: Type narrative.
2: Select ONE unsafe act. Click “+” to expand list.
Select a Causal Factor
Text
ATTENTION FAILURE (5 Items)
DRUNK-DRIVING, BAC >= .08% (1 Item)
INFORMATION PROCESSING (1 Item)
KNOWLEDGE VIOLATION (2 Items)
LOST CONTROL FOR AN UNKNOWN REASON (1 Item)
OTHER DECISION ERROR (1 Item)
OTHER OUTSIDE INFLUENCE (1 Item)
OTHER PERCEPTUAL ERROR (1 Item)
OTHER SKILL BASED ERROR (1 Item)
OTHER VIOLATION (1 Item)
OUTSIDE INFLUENCE (ADDITIONAL BREAKDOWN) (8 Items)
PERCEPTUAL ERROR (ADDITIONAL BREAKDOWN) (7 Items)
Applies to Person:
0 items selected
Person 1
4: Select the person to whom this unsafe act applies.
ATTITUDE (8 Items)
AWARENESS (6 Items)
COMMUNICATION (5 Items)
COORDINATION (2 Items)
DESIGN (6 Items)
FATIGUE (2 Items)
FITNESS FOR DUTY (ADDITIONAL BREAKDOWN) (7 Items)
Save
Validate
Previous
Next

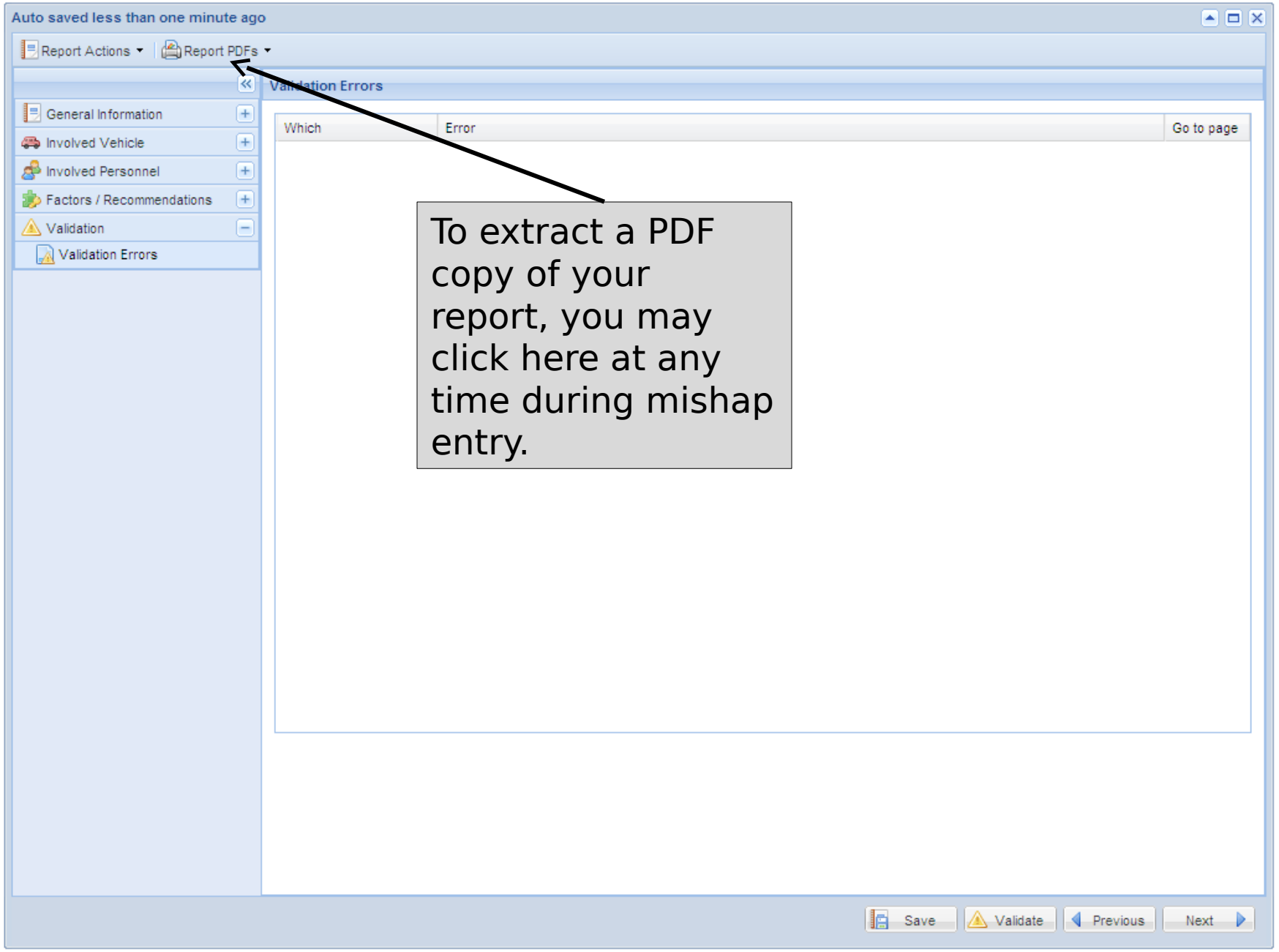

Auto saved 1 minutes ago
Report Actions
Report PDFs
General Information
Involved Vehicle
Involved Personnel
Factors / Recommendations
Factors / Recommendations
Validation
Factors
Recommendations
Factors
Factor
Factor #1
Select Factor:
DRUNK-DRIVING, BAC >= .08% (NO FURTHER BREAKDOWN)
Select Factor
Factor Narrative:
Input Factor Narrative
Applies to Person:
1 items selected
Person 1
Select all applicable Preconditions for this Factor
Text
FAINTED / PASSED OUT
FELL ASLEEP
MEDICAL CONDITION (5 Items)
MENTAL LIMITATION (4 Items)
INCOMPATIBLE INTELLIGENCE/APTITUDE
LIMITED EXPERIENCE/PROFICIENCY
NOT FAMILIAR WITH JOB PERFORMANCE STANDARDS
PRE-EXISTING PSYCHOLOGICAL DISORDER
Select all applicable preconditions that apply to the unsafe act. Remember, you may choose more than one precondition.
Save
Validate
Previous
Next


Auto saved 2 minutes ago
Report Actions
Report PDFs
General Information
Involved Vehicle
Involved Personnel
Factors / Recommendations
Factors / Recommendations
Validation
Factors
Recommendations
Factors
Factor
Factor #1
Factor #2
Select Factor:
Select Factor
Factor Narrative:
Input Factor Narrative
Applies to Person:
0 items selected
Person 1
Select all applicable Preconditions for this Factor
Text
ATTITUDE (8 Items)
AWARENESS (6 Items)
COMMUNICATION (5 Items)
COORDINATION (2 Items)
DESIGN (6 Items)
FATIGUE (2 Items)
FITNESS FOR DUTY (ADDITIONAL BREAKDOWN) (7 Items)
Save
Validate
Previous
Next
Repeat the same process if there additional factors to be entered. Select the appropriate factor, apply it to the appropriate person(s), then select all applicable
After all factors have been entered, select the recommendations tab only if you have recommendations to enter. If none, you may proceed to the next page.

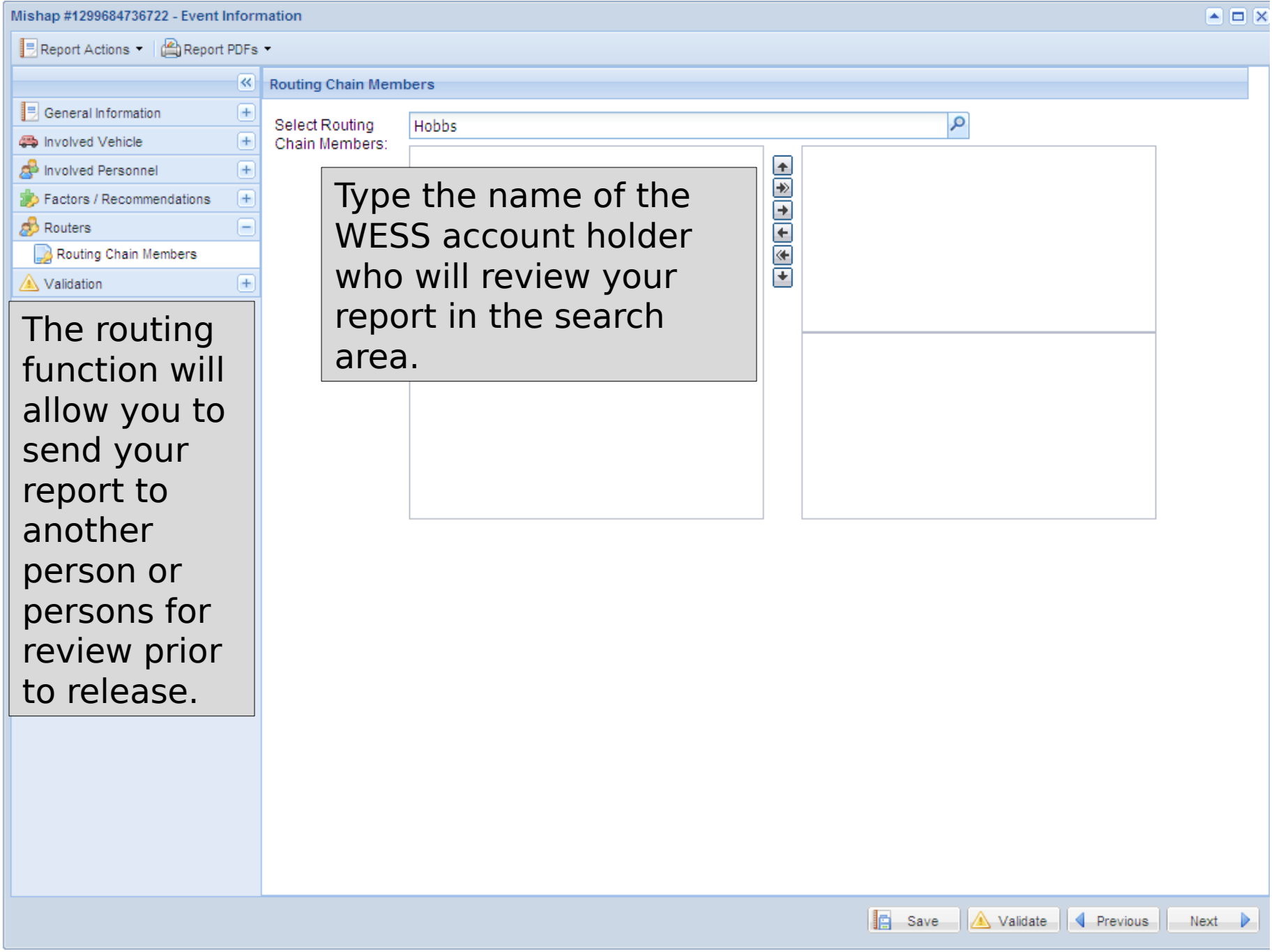

Auto saved 4 minutes ago
Report Actions
Report PDFs
General Information
Involved Vehicle
Involved Personnel
Factors / Recommendations
Factors / Recommendations
Validation
Factors
Recommendations
Recommendations
Recommendation
Recommendation #1
Recommendation Narrative:
Input Recommendation Narrative
Recommendation Narrative
Recommendation Status:
Input Recommendation Status
Applies to Factors:
0 items selected
Factor 1
Factor 2
Each factor has to have at least one recommendation. Click the green button to begin. The recommendation is entered as text in the space provided.
You may apply the recommendation to more than 1 factor if required.
Save
Validate
Previous
Next

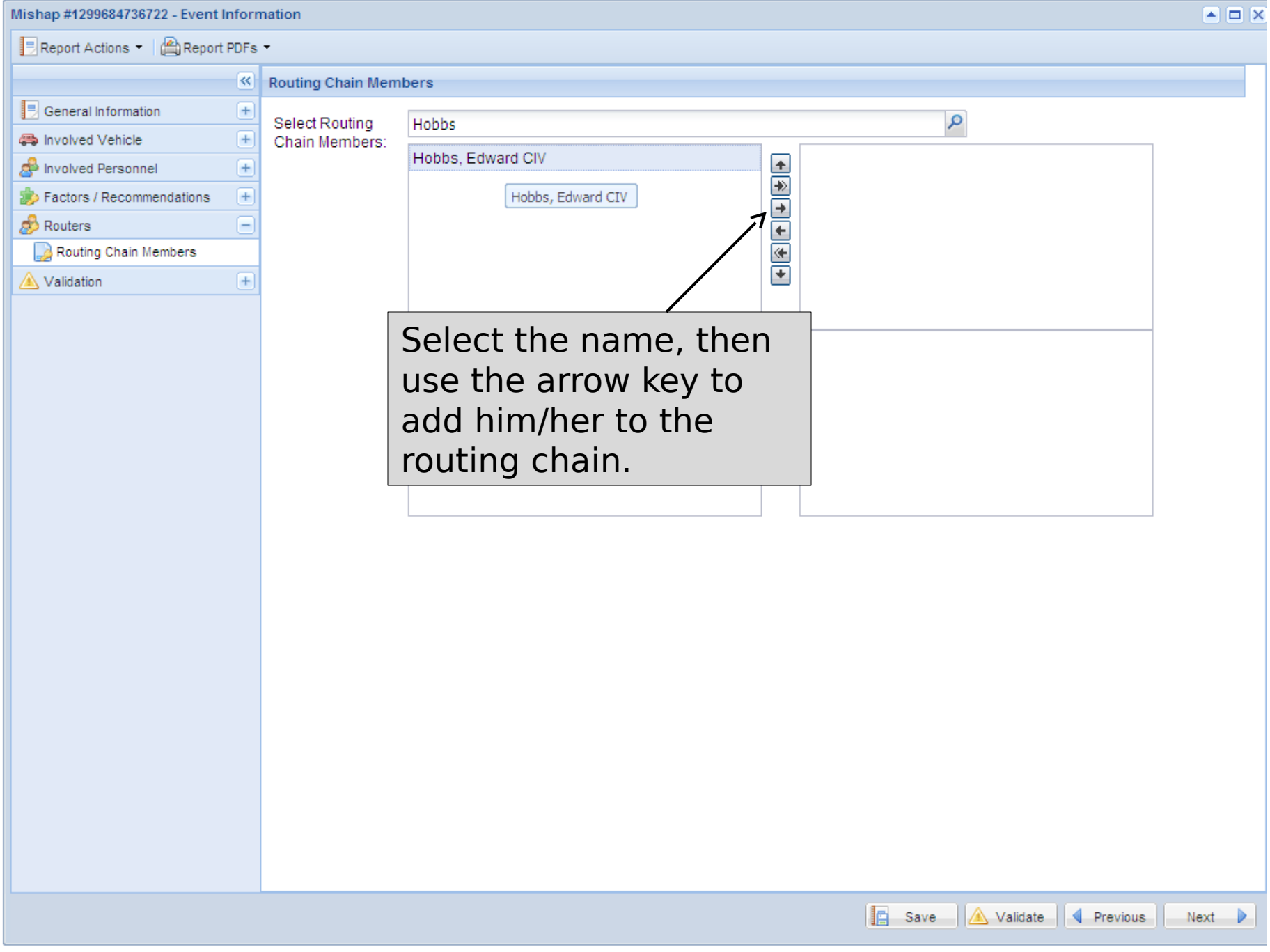

Auto saved 1 minutes ago
Report Actions
Report PDFs
General Information
Involved Vehicle
Involved Personnel
Factors / Recommendations
Validation
Validation Errors
Validation Errors
Which
Error
Go to page
Person 1
First Name is Required
Person 1
Parent Unit Code is Required
Page: Motor Vehicle Related (1 Error)
Person 1
Occupant Location is required
Page: 72 Hour Profile (1 Error)
Person 1
Travel time or travel distance must be answered.
Page: Injury (8 Errors)
Person 1
Sharps involved indicator is required
Person 1
OSHA classification code is required
Person 1
Heat/cold exposure indicator is required
Person 1
Chemicals involved indicator is required
Person 1
You must answer 'How were you notified of the mishap?'
Person 1
BLS Source of Injury Code is required
Person 1
Specific body part injured: value is required
Person 1
Accident type: value is required
Page: Factors / Recommendations (3 Errors)
Each HFAC has to have at least one precondition identified
Each HFAC has to be associated with at least one person
Each Recommendation has to be associated with at least one HFAC
This page shows a list of required fields that must be entered prior to submission. Click on green arrow to navigate to appropriate page to fix error.
Click “validate” on bottom of page to begin validation.
Save
Validate
Previous
Next

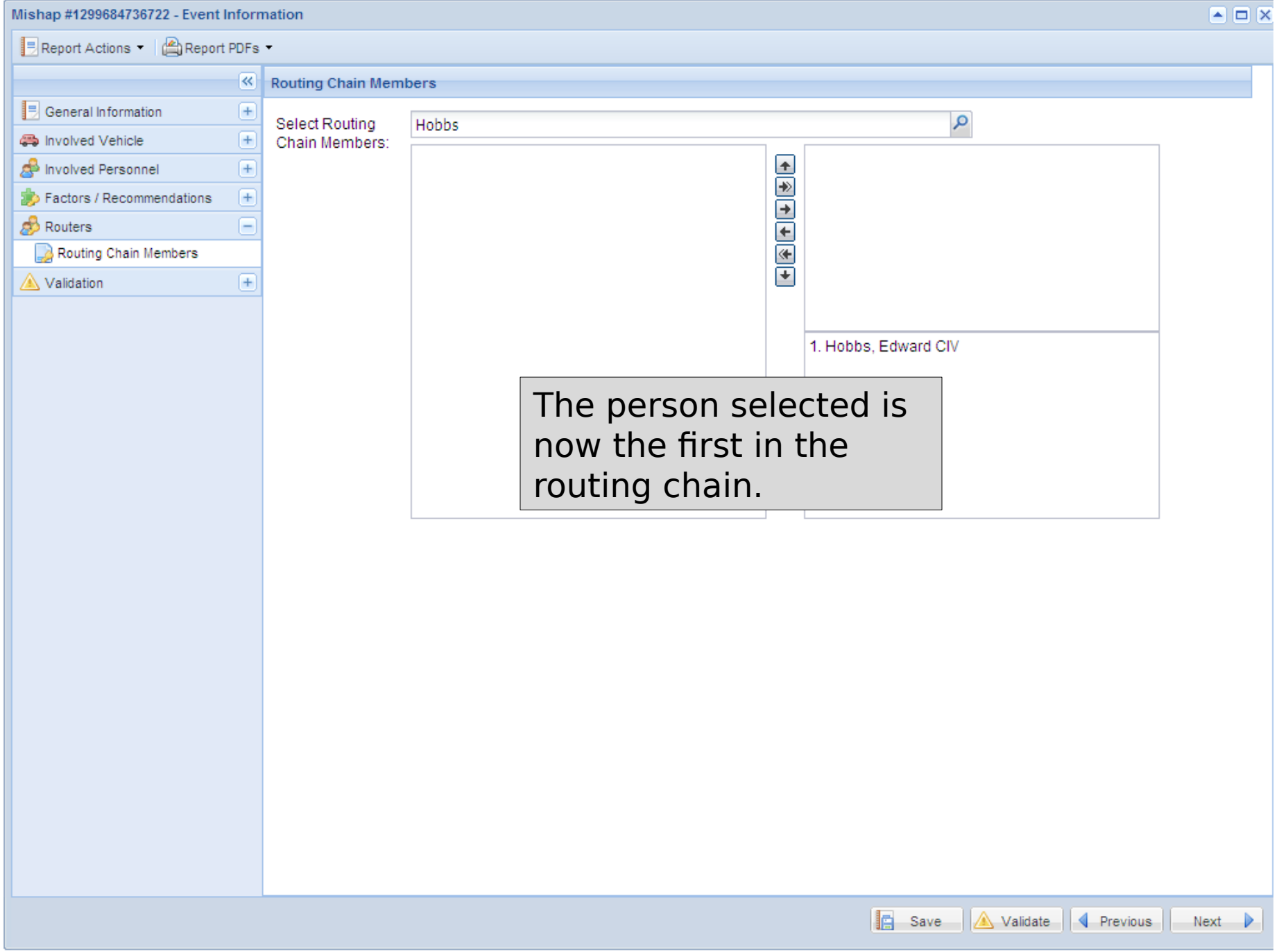

Mishap #1297181839117 - Event Information
Report Actions
Report PDFs
Save Report
Route Report
Release Report
Accept Report
Reject Report
Delete Report
Validation Errors
Validation Errors
Which
Error
Go to page
If there are no validation errors, the report may be released to the Safety Center.
No Validation Errors Found
Save
Validate
Previous
Next
Start

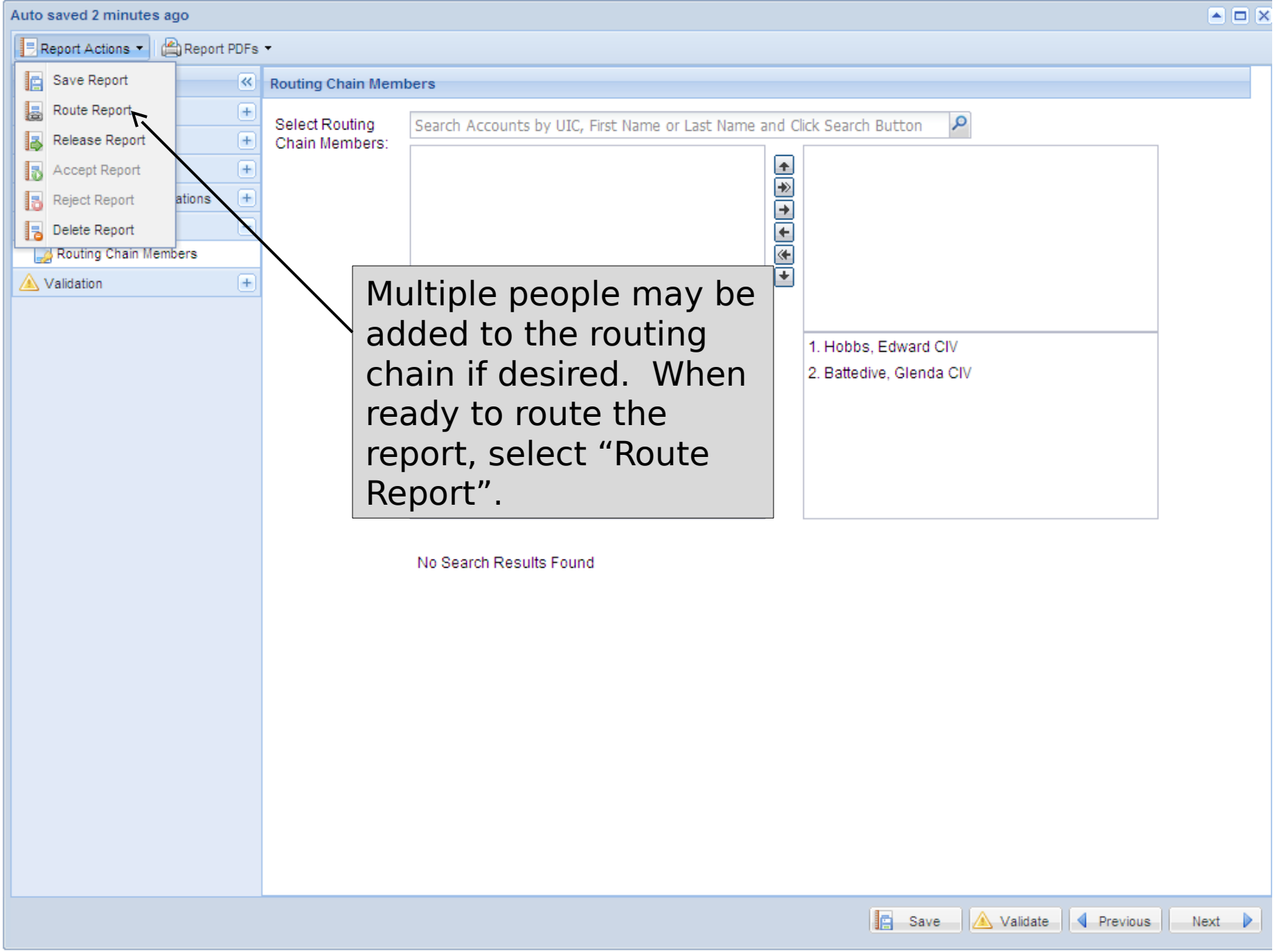

Auto saved less than one minute ago
Report Actions
Report PDFs
General Information
Involved Vehicle
Involved Personnel
Factors / Recommendations
Validation
Validation Errors
Validation Errors
Which
Error
Go to page
To extract a PDF copy of your report, you may click here at any time during mishap entry.
Save
Validate
Previous
Next

Start

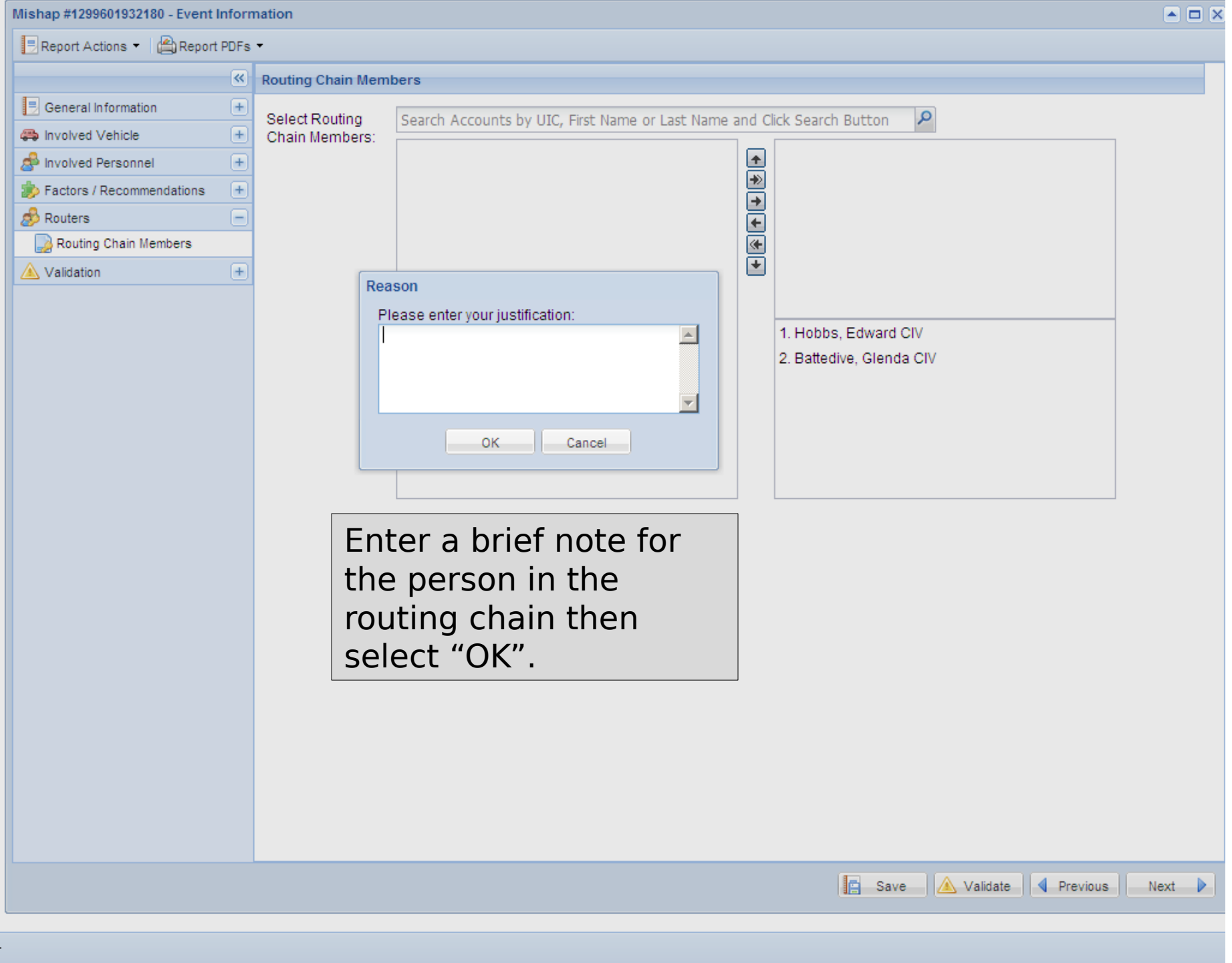

Mishap #1299684736722 - Event Information
Report Actions
Report PDFs
General Information
Involved Vehicle
Involved Personnel
Factors / Recommendations
Routers
Routing Chain Members
Validation
Routing Chain Members
Select Routing Chain Members:
Hobbs
Type the name of the WESS account holder who will review your report in the search area.
The routing function will allow you to send your report to another person or persons for review prior to release.
Save
Validate
Previous
Next

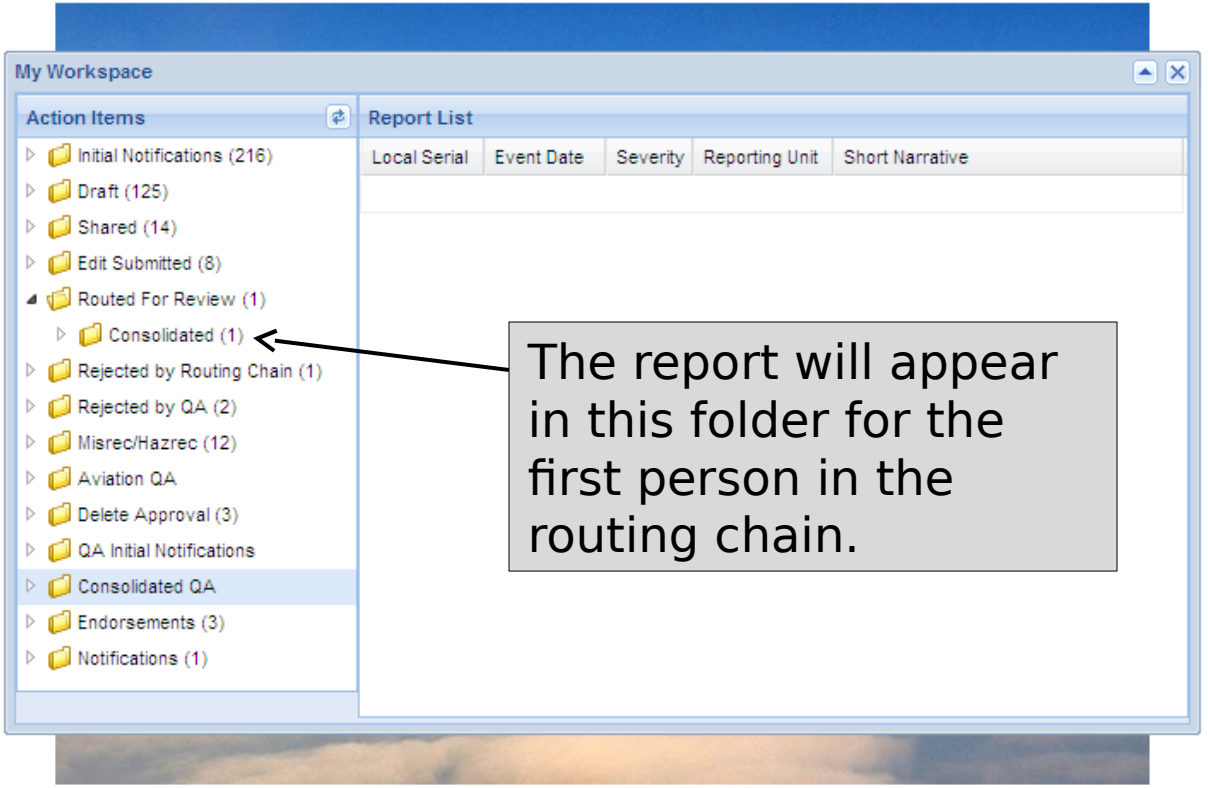

Mishap #1299684736722 - Event Information
Report Actions
Report PDFs
General Information
Involved Vehicle
Involved Personnel
Factors / Recommendations
Routers
Routing Chain Members
Validation
Routing Chain Members
Select Routing Chain Members:
Hobbs
Hobbs, Edward CIV
Hobbs, Edward CIV
Select the name, then use the arrow key to add him/her to the routing chain.
Save
Validate
Previous
Next


Mishap #1299684736722 - Event Information
Report Actions
Report PDFs
General Information
Involved Vehicle
Involved Personnel
Factors / Recommendations
Routers
Routing Chain Members
Validation
Routing Chain Members
Select Routing Chain Members:
Hobbs
1. Hobbs, Edward CIV
The person selected is now the first in the routing chain.
Save
Validate
Previous
Next

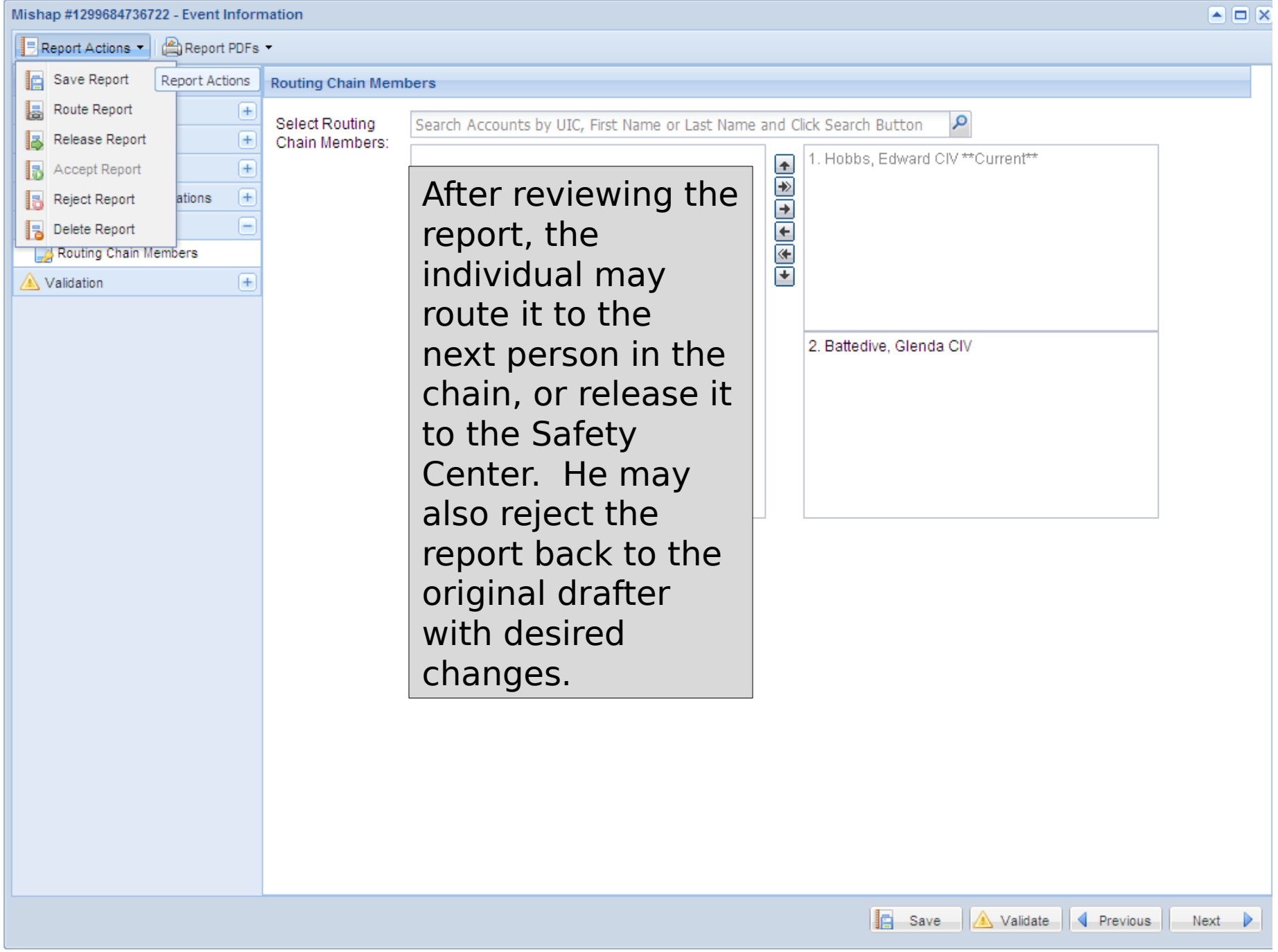


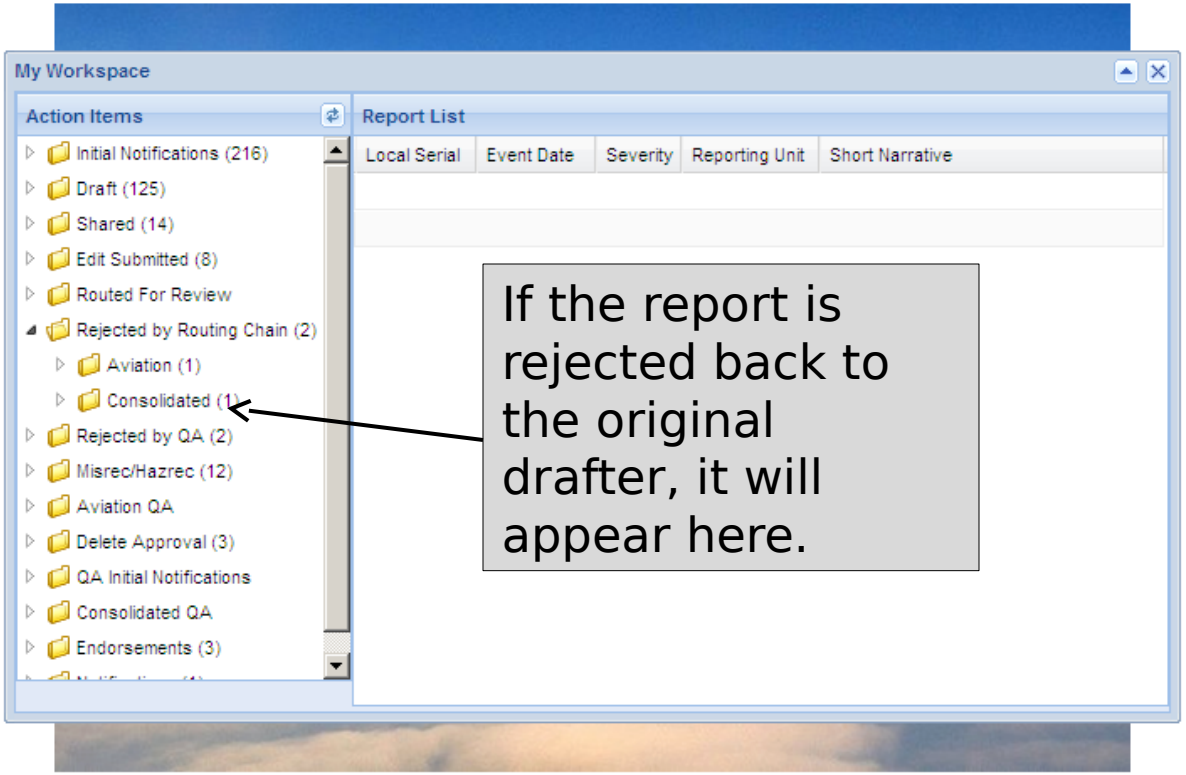
Multiple people may be added to the routing chain if desired. When ready to route the report, select "Route Report".


Mishap #1299601932180 - Event Information
Report Actions
Report PDFs
General Information
Involved Vehicle
Involved Personnel
Factors / Recommendations
Routers
Routing Chain Members
Validation
Routing Chain Members
Select Routing Chain Members:
Search Accounts by UIC, First Name or Last Name and Click Search Button
Reason
Please enter your justification:
OK
Cancel
1. Hobbs, Edward CIV
2. Battedive, Glenda CIV
Enter a brief note for the person in the routing chain then select “OK”.
Save
Validate
Previous
Next


My Workspace
Action Items
Initial Notifications (216)
Draft (125)
Shared (14)
Edit Submitted (8)
Routed For Review (1)
Consolidated (1)
Rejected by Routing Chain (1)
Rejected by QA (2)
Misrec/Hazrec (12)
Aviation QA
Delete Approval (3)
QA Initial Notifications
Consolidated QA
Endorsements (3)
Notifications (1)
Report List
Local Serial
Event Date
Severity
Reporting Unit
Short Narrative
The report will appear in this folder for the first person in the routing chain.

Start


Mishap #1299684736722 - Event Information
Report Actions
Report PDFs
Save Report
Route Report
Release Report
Accept Report
Reject Report
Delete Report
Report Actions
Routing Chain Members
Validation
Routing Chain Members
Select Routing Chain Members:
Search Accounts by UIC, First Name or Last Name and Click Search Button
1. Hobbs, Edward CIV **Current**
2. Battedive, Glenda CIV
After reviewing the report, the individual may route it to the next person in the chain, or release it to the Safety Center. He may also reject the report back to the original drafter with desired changes.
Save
Validate
Previous
Next


My Workspace
Action Items
Initial Notifications (216)
Draft (125)
Shared (14)
Edit Submitted (8)
Routed For Review
Rejected by Routing Chain (2)
Aviation (1)
Consolidated (1)
Rejected by QA (2)
Misrec/Hazrec (12)
Aviation QA
Delete Approval (3)
QA Initial Notifications
Consolidated QA
Endorsements (3)
Report List
Local Serial
Event Date
Severity
Reporting Unit
Short Narrative
If the report is rejected back to the original drafter, it will appear here.

Start